

CITY OF BIRMINGHAM EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

E. LESLIE MILLAR, C.B.E., M.D., M.Sc., D.P.H.

Medical Officer of Health and Principal School Medical Officer

NATALIE M. JOHNSTON, L.R.C.P., L.R.C.S., D.P.H.

Senior Administrative Medical Officer for Personal and Child Health Services



FOR THE YEAR ENDED 31st DECEMBER, 1970

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Senior Administrative Medical Officer for Personal and Child Health Services

FOR THE YEAR ENDED 31st DECEMBER, 1970

SECTION I — GENERAL

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E. L. M. MILLAR, C.B.E., M.Sc., M.D., Ch.B., D.P.H.

DEPUTY MEDICAL OFFICER OF HEALTH AND DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

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SENIOR ADMINISTRATIVE MEDICAL OFFICER FOR PERSONAL AND CHILD HEALTH SERVICES

NATALIE M. JOHNSTON, L.R.C.P., L.R.C.S., D.P.H.

DEPUTY SENIOR ADMINISTRATIVE MEDICAL OFFICER FOR PERSONAL AND CHILD HEALTH SERVICES

MARY F. KEEFE, M.B., Ch.B. (To 31/4/70)
M. HARRISON, M.B., B.Sc., L.R.C.P., M.R.C.S., D.P.H. (From 1/5/70)

SENIOR CLINICAL MEDICAL OFFICERS FOR CHILD HEALTH

CONSTANCE AIDNEY, M.B., Ch.B.

JOAN I. BUCHANAN, M.B., Ch.B. Died 1/6/70

OLIVE C. FURLONG, M.B., Ch.B., D.C.H.

JOYCE B. MOLE, M.B., Ch.B., D.C.H.

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ELSE A. d'AMIAN, M.D.(Heidel), L.R.C.P., L.R.C.S.
PATRICIA E. V. MCFARLAND, M.B., Ch.B., L.M., D.P.H.
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*BERYL W. MARSON, M.B., Ch.B., D.C.H.
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NORA T. DONALDSON, L.R.C.P. & S.I., L.M.
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MUSHEER A. KHAN, M.B., B.S.(Punjab)
PATRICIA O'DALY, L.R.C.P. & L.M., L.R.C.S.I. & L.M.

JANE P. EVANS, M.B., Ch.B. (To 11/11/70)
 MARY MCINTOSH, M.B., Ch.B., B.A.O.
 EVELYN M. ST. JOHNSTON, B.M., B.Ch.
 *ELINOR JAFFA, M.B., Ch.B., D.C.H.
 *CHRISTINE BURTON, M.B., Ch.B.
 *SABINA WAGSTYL, M.B., B.Ch., B.A.O.
 *UNA WICKENS, M.B., Ch.B., D.Obst., R.C.O.G., L.M.
 *JACQUELINE BENNETT, M.B., Ch.B., L.R.C.P., M.R.C.S., D.P.H. (From 15/9/70)
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 DIANE F. D. MILLAR, M.B., Ch.B. (From 7/12/70)
 PADMINI THEOPHILUS, M.B., B.S. (Madras), (From 1/12/70)
 ELIZABETH M. MOLYNEUX, M.B., B.S. (From 1/12/70)

DENTAL SERVICE

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Mr. F. J. HASTILOW, L.D.S.

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 MR. W. A. BARTON, L.D.S., R.C.S.
 MR. P. GORE, B.D.S.
 MR. P. A. WITHERS, L.D.S.

SENIOR DENTAL OFFICERS

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*MR. R. J. FOWLER, L.D.S., B.Ch.D., F.D.S., R.C.S.	*MR. M. F. RUDGE, L.D.S., R.C.S.
*MRS. M. GREENSTONE, L.D.S.	*MR. R. H. SEYMOUR, B.D.S., F.D.S., R.C.S.
*MRS. F. M. GRIEVE, B.D.S.	*MR. B. TEALL, L.D.S.
*MRS. E. KETTLE, L.D.S.	*MRS. M. V. WALTHAM, L.D.S.
*MR. A. KILGOUR GREEN, L.D.S., R.C.S.	*MR. J. P. WILLS, B.D.S.
	*MR. M. WILLS, B.D.S.

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NORMAN NORRIS, B.D.S.
 VERA K. STANLEY, L.D.S.
 EDGAR BREAKSPEAR, L.D.S., R.C.S., D.ORTH., R.C.S.

ANAESTHETISTS

DOROTHY TAYLOR SHEWRING, M.B., Ch.B.	JOHN A. K. MELDRUM, M.B., B.Ch., B.A.O.
MARY M. TUDOR, M.B., Ch.B., B.A.O.	FREDERICK D. GRIFFITHS, M.B. Ch.B.
EDITH M. STOCKWIN M.B. Ch.B. D.P.H.	M.R.C.S. L.R.C.P.
NORMAN B. CRISP M.B. Ch.B.	REGINALD M. HOWSON M.R.C.S. L.R.C.P.
DAVID WILLIAMS, M.B., Ch.B., B.A.O., D.A.	EPHRAIM MCFALL M.B. B.Ch. B.A.O.

DENTAL AUXILIARIES

MRS. M. BALL
MRS. R. CHELMICK
MRS. B. M. HARRIS
MRS. C. HOOD

MRS. R. PENKETT
MISS B. SACKA
MISS G. THOMSON

SENIOR DENTAL HYGIENIST

MISS J. MCKINNON

DENTAL HYGIENIST

MRS. R. M. HALL

HEAD DENTAL TECHNICIAN

GRAHAM B. PRITCHARD

DENTAL TECHNICIAN

TERENCE J. HODGKINS

PART-TIME SPECIALIST OFFICERS

Ophthalmic Section

HERBERT W. ARCHER HALL M.R.C.S. L.R.C.P. D.O. Died 27/6/70
--

MARK TREE M.B. B.S. F.R.C.S. D.O.M.S.

(Also visiting Ophthalmic Surgeon to the Schools for the Partially Sighted)

JOHN H. AUSTIN M.B. Ch.B. D.O. D.O.M.S.

BENJAMIN C. CURWOOD O.B.E. M.B. Ch.B., M.R.C.S., L.R.C.P., D.O.M.S.

STUART W. K. NORRIS, B.Comm., M.R.C.S., L.R.C.P., D.O.

REGINALD C. WILLIAMS, M.B., Ch.B.

MUNAWAR HUSSAIN, M.B., B.S., D.O.

Orthopaedic Section

HARRY PIGGOTT, F.R.C.S.

Visiting Orthopaedic Surgeons to the Schools for the Physically Handicapped

RODNEY S. SNEATH, F.R.C.S.

JOHN R. PEARSON, F.R.C.S.

CECIL P. COTTERILL, F.R.C.S.

Ear, Nose and Throat Section

NORMAN L. CRABTREE, F.R.C.S., D.L.O.

(Also visiting Aural Surgeon to the Schools for the Deaf)

HAZELEY ANDERSON, B.A., M.R.C.S., L.R.C.P., D.L.O.

H. J. S. WALDECK, Ch.M., M.B., F.R.C.S., Eng. & Ed., M.R.C.P.

N. C. BLAND, F.R.C.S., D.C.H., D.L.O.

Asthma Section

†J. MORRISON SMITH, M.D., F.R.C.P.E., D.P.H., D.T.M., & H., T.D.D.

Visiting Physician to Baskerville School

WILLIAM C. SMALLWOOD, M.B., Ch.B., F.R.C.P., M.R.C.S.

PHYSIOTHERAPISTS

MADELINE M. WILLIAMS, M.C.S.P., S.O.N.A.

NORA M. LUCAS, M.C.S.P.

GERALDINE D. GIBBONS, M.C.S.P.

MARGARET I. BAILEY, M.C.S.P.

DOROTHY M. HAZLEWOOD, M.C.S.P.

SUSAN M. RICHARDSON, M.C.S.P.

ELIZABETH H. HARRISON, M.C.S.P.

*JANE M. ROBERTS, M.C.S.P.

*ELIZABETH M. BUBB, M.C.S.P.

*NANCY G. COOPER, M.C.S.P.

*NINA D. BUNCH, M.C.S.P.

*PATRICIA M. EVANS, M.C.S.P.

*MILDRED NOBLE, M.C.S.P.

*CELIA M. BALL, M.C.S.P.

*PAMELA J. LOUDEN, M.C.S.P.

*JOY A. TUNNEY, M.C.S.P.

*JUNE GLOVER, M.C.S.P.

*SANDRA HORNE, M.C.S.P.

*JEAN HOUGHTON, M.C.S.P. (From 19/1/70)

REMEDIAL GYMNASTS

WILLIAM COLLINS, S.R.R.G.

VALERIE JONES, M.S.R.G.

CHIROPODISTS

*HAROLD WILDBORE, M.Ch.S.

*SYLVIA R. BROWNE, M.Ch.S.

*RITA E. LAKE, M.Ch.S.

*FREDERICK J. HARRIS, M.Ch.S.

CHIEF SPEECH THERAPIST

EILEEN S. SPRAYSON, L.C.S.T.

SENIOR SPEECH THERAPISTS

ELIZABETH SIMONS, L.C.S.T.

BARBARA E. BORISSOW, L.C.S.T.

JUDITH C. BISBY, L.C.S.T.

SPEECH THERAPISTS

PATRICIA E. WYATT, L.C.S.T. (From 7/7/70)

PRUDENCE J. YARWOOD, L.C.S.T. (From 16/9/70)

JUDITH H. STEPHENS, L.C.S.T. (From 21/9/70)

JANET A. HAYMAN, L.C.S.T. (From 5/10/70)

*MILLCENT BIRD, L.C.S.T.

*GWENYTH ERREY, L.C.S.T.

SUSAN C. G. BOULTON, L.C.S.T. (To 13/9/70)

Consultant Psychiatrists

†*JAMES A. CRAWFORD, L.R.C.P. and S., L.R.F.P. and S., D.P.M. (To Sept. 1970)

†*JOHN E. VARLEY, M.A., B.M., B.Ch., M.R.C.P., D.P.M.

†*PHILIP A. BARKER, M.B., B.S., M.R.C.P., M.R.C.S., D.P.M., D.C.H.

†*EDNA O'BRIEN, M.B., B.Chir., D.P.M. (From Dec. 1970)

Educational Psychologists

EDNA D. HOWARD, B.A.

ANN E. KIDD, B.Sc.

JOHANNA E. REINER, Ph.D.(Vienna)

*CORRINE V. BENNETT, B.A.

J. F. WALLIS, B.Sc. (To Sept. 1970)

A. SUTTON, B.A. (To May 1970)

P. J. CONGDON, M.A.

DIANA MAIDEN, B.A. (From Nov. 1970)

Principal Social Worker

JOYCE CUMMINS (From Dec. 1970)

Senior Social Workers

DOREEN HOSKING (To May 1970)

*BARBARA JACORY, B.A.

SUSAN BRAYSHAW, B.Sc.

Social Workers

*RONALD A. WILLS

JEAN EDMUNDSON

JULIA GRAHAM, B.A.

ANN SMITH, B.A. (From Sept. 1970)

DENISE KING, B.A. (From Sept. 1970)

CAROL JENKINSON, B.A. (From Sept. 1970)

SUPERINTENDENT SCHOOL NURSE

VERA M. LUTWYCHE, S.R.N., S.C.M., D.N., H.V. Cert.

ACTING DEPUTY SUPERINTENDENT SCHOOL NURSE

PRISCILLA M. GARTH, S.R.N., S.C.M., H.V.

SCHOOL NURSING STAFF

School Nurses	..	..	..	..	..	..	..	..	64
Nurses in Nursery Schools	..	..	..	..	..	..	..	..	2
Nursing Assistants	..	..	..	..	..	..	..	..	23

OTHER STAFF

Matron at Martineau House	..	..	..	..	..	..	..	..	1
Matron at Wake Green Hostel	..	..	..	..	..	..	..	..	1
Nurses in Special Schools:-									
Residential	..	..	..	..	..	..	..	..	4
Day	..	..	..	..	..	..	..	..	7
State Enrolled Nurses in Special Schools:-									
Residential	..	..	..	..	..	..	..	..	2
Day	..	..	..	..	..	..	..	..	—
Dental Surgery Assistants	..	..	..	..	..	..	..	..	32 *14

*Part-time Officers

†Appointed by Regional Hospital Board

CITY OF BIRMINGHAM

GENERAL INFORMATION

Population (Estimated)	..	..	..	..	..	..	1,086,400
Area	..	..	..	..	..	..	51,598 acres
Density of Population	..	..	..	..	..	..	21.05 persons per acre
Rateable Value (at 1.4.70)	..	..	..	..	..	..	£53,868,334
Penny Rate produces	..	..	..	..	..	..	£213,500
Number of Schools:-							
Nursery	..	..	..	..	..	..	28
Primary	..	..	..	..	..	..	327
Secondary (Non-selective)	..	..	..	..	..	..	77
Grammar and Technical	..	..	..	..	..	..	36
Bi-lateral and Comprehensive	..	..	..	..	..	..	20
Special	..	..	..	..	..	..	35
County Study Centres	..	..	..	..	..	..	3
Total							526

Number on rolls at end of year:-

Primary and Secondary Schools(including Nursery Schools)	187,498
Special Schools	3,054

To the Chairman and Members of the Education Committee

I have the honour to present for your consideration the report on the work of the School Health Service 1970.

An important part of the duty of the school nurse, among many others, is the intensive effort that is required to maintain an acceptable standard of cleanliness in the schools. This may seem to be a surprising statement after so much has been accomplished in the improvement of social conditions, but there still is a small percentage of children who are found to have nits whenever nurse visits the school. This is the "hard core" of the problem caused by inadequate homes, feckless parents and similar social difficulties.

Twenty years ago in 1950, 8.6% of the children inspected were found to be verminous. In 1970 the percentage rate was 7.5, and during this period it was 9.3% at its highest and 6.8% at its lowest.

Progress in this matter cannot seemingly be measured over a period of twenty years but it is almost unbelievable that in 1909, Dr. Auden, the then School Medical Officer reported that "nearly half the children examined showed the presence of nits in the hair . . ." He went on to say "the active lice are readily killed by soap and water but the removal of nits is a much more difficult matter", and so it is to this day! The hard work of nurses, aided by their colleagues, the nursing assistants has brought about a remarkable improvement. Several generations of parents have profited from the advice and help they received from the School Health Service, and this has played no small part in the general improvement of health and freedom from various kinds of infection.

The problem today is to some extent complicated by the fashion for young men and schoolboys too, to allow their hair to grow long. There were "skinheads" in the early part of the century but in those days, clippers were a weapon used in the cause of cleanliness.

In her report on the work of the school nurse, the Superintendent School Nurse comments that the problems of pediculosis and scabies are national ones.

The incidence of scabies increased gradually from 1960 when 109 cases were recorded until 1966 when the number had reached 746. In 1967 it was evident that scabies was reaching the stage of a minor epidemic with over 3,000 cases reported and a peak of 4,015 was reached in 1969. There is now evidence that the concerted efforts of the staff and of general practitioners are beginning to bring it under control and the number fell to 3,700 in 1970. One of the difficulties in dealing with scabies is that children are reinfected by other members of the family—a cure does not bring immunity. Clean children are subject to infection as much as those from homes that fall below an acceptable standard of cleanliness. It is a family problem which includes all contacts, adults and children alike and for this reason, facilities for the treatment of adults are being increased. There is no reason to suppose that there has been any deterioration in the standards of cleanliness in the City.

Mr. Heginbotham's report on "Careers, Advice and Employment of Handicapped Young People" illustrates the close attention that is paid to the difficult problem of finding suitable employment for handicapped young people. It is a part of the Youth Employment Service that is not well known and the time and trouble so freely given by careers advisers,

to consider each individual's capacity to undertake gainful employment and then to try and find a suitable post deserves recognition. The Medical Officers have an important part to play in this very well worthwhile service and their advice on the medical aspects of each individual case is an integral part of the process. This is a good example of team work carried out by experts in different fields of activity, each contributing their experience and knowledge with the best interests of the handicapped young person in mind. To be self supporting and to lead as far as possible a normal life brings confidence and happiness to a handicapped person and this is worth much.

The School Health Service continues to function well in spite of staffing difficulties due to the constant changes of doctors, nurses and other professional workers. This has reduced the volume of work if not the quality. It is a credit to the enthusiasm of long serving and loyal members of staff who carry the burden of work as well as undertaking the training of their newly recruited colleagues that so much is accomplished and so many difficulties are overcome.

I record once again my thanks to all those who have played a part in the work, the medical and nursing staff, the teachers and members of the clerical staff in both the Education and Health Departments, and also acknowledge with gratitude the encouragement and support of the Chairman and Members of Committee.

E. L. M. MILLAR,
Principal School Medical Officer.

STAFF

Dr. Mary Keefe resigned her post as Deputy Senior Administrative Medical Officer in April. In her brief period of service in this senior post, she made a useful contribution to the Personal and Child Health Service in process of development as a combined school and child welfare service.

Dr. M. Harrison was appointed to fill the vacancy and he undertook the duties with energy and enthusiasm. His constructive and thoughtful approach was of great value.

It is my very unhappy task to record the deaths of two members of the staff, each of whom made an outstanding contribution to the work of the School Health Service for many years. Dr. Joan Buchanan who, as a clinic medical officer at Mowbray Street and later as Senior Clinical Medical Officer, helped countless children with her medical skill. She will long be remembered for her patience, compassion and understanding. Her death at the peak of her career on 1st June followed a long illness.

Mr. Archer Hall was appointed in 1924 to undertake the supervision of children attending the partially blind class and for 46 years he continued to attend the clinics in the capacity of a consultant ophthalmic specialist. He died on 27th June after an outstanding career dedicated to service in this specialised field.

Dr. Susan O'Connel left the service in July after almost 12 years service as a School Medical Officer and Dr. Elsie May resigned in November. Dr. Diana Boardman left the service in September to return to general practice. None of these three efficient and hard working doctors were replaced by the end of the year in spite of efforts to recruit suitable medical officers.

In other fields we were more successful and I am pleased to record that all three of the newly created posts for Senior Speech Therapists were filled and another speech therapist was appointed. There is still a national shortage of speech therapists and Birmingham was fortunate in being able to fill these vacancies. The policy of creating an establishment offering possibilities of promotion has been justified.

SECTION 2—MEDICAL AND DENTAL INSPECTION AND TREATMENT

MEDICAL INSPECTION

The medical inspection of pupils continues according to the established pattern and children are seen as soon as possible after entry to school; and during the last year of school attendance when there is an opportunity to take into account fitness and suitability for the various possible kinds of employment.

It is not remarkable that more parents attend medical inspections with their younger children and the older ones are often unaccompanied as the following table shows.

Percentage of parents attending with children in the various age groups:

<i>Year of birth</i>								<i>Boys</i> <i>Percentage</i>	<i>Girls</i> <i>Percentage</i>
1966 and later	..	..	..	..	..	..	..	99.2	87.8
1965	..	..	..	..	..	..	..	93.1	85.2
1964	..	..	..	..	..	..	..	93.6	92.7
1963	..	..	..	..	..	..	..	92.1	90.6
1962	..	..	..	..	..	..	..	78.9	83.9
1961	..	..	..	..	..	..	..	72.8	73.1
1960	..	..	..	..	..	..	..	61.6	67.1
1959	..	..	..	..	..	..	..	82.2	76.7
1958	..	..	..	..	..	..	..	63.3	82.7
1957	..	..	..	..	..	..	..	51.8	60.4
1956	..	..	..	..	..	..	..	33.4	39.6
1955 and earlier	..	..	..	..	..	..	..	29.9	38.4
AVERAGE								71.0	73.2

Classification under the heading Physical Condition on the School Medical Record.

Classification of the physical condition under the headings ‘satisfactory’ or ‘unsatisfactory’ serves as a practical way of separating those who need to be investigated and those who do not. In the ‘unsatisfactory’ category it is usually necessary to consider the home environment in relation to the physical condition of the child before a decision is made as to the best way of offering help.

The relevant findings for the year under review follow according to this classification:

PERIODIC MEDICAL INSPECTIONS

<i>Age groups inspected (By year of birth)</i>	<i>Number of pupils inspected</i>	<i>Physical condition of pupils inspected</i>			
		SATISFACTORY		UNSATISFACTORY	
		<i>Number</i>	<i>% of col. 2</i>	<i>Number</i>	<i>% of col. 2</i>
		(3)	(4)	(5)	(6)
1966 and later . .	1,482	1,456	98.25	26	1.75
1965	6,532	6,497	99.46	35	0.54
1964	6,294	6,254	99.36	40	0.64
1963	2,793	2,772	99.25	21	0.75
1962	816	804	98.53	12	1.47
1961	505	502	99.41	3	0.59
1960	636	634	99.69	2	0.31
1959	1,857	1,852	99.73	5	0.27
1958	856	851	99.42	5	0.58
1957	201	198	98.51	3	1.49
1956	2,971	2,936	98.82	35	1.18
1955 and earlier	9,773	9,743	99.69	30	0.31

MINOR AILMENTS AND INSPECTION CLINICS

The 15 school clinics provide facilities not only for consultation by medical officers and the treatment of minor ailments but also regular treatment sessions for dentistry. Most of them are equipped with a U.V.R. treatment room and eleven also have a physiotherapy gymnasium.

Parents are glad to avail themselves of the facilities the clinics afford. The advice and help of nurses is available every afternoon and the medical officers hold consultation clinics several times a week.

The number of sessions devoted to particular forms of treatment varies according to demand and the following table indicates the number of sessions usually held.

Clinic	Number of schools	Work undertaken (No. of sessions per week)					
		Minor ailments and consultations		Refract- tion	Ortho- paedic †	U.V.R.	Dental
		Doctor sessions	Total attendances				
Aldridge Road, Great Barr ..	19	2	4,294	0.5	2	—	10
Albert Road, Aston ..	20	5	3,564	1.0	—	—	18
Albert Road, Harborne ..	52	3	6,708	1.5	6	2	14
Church Lane, Kitts Green ..	40	2	8,856	1.5	—	—	17
Harvey Road, South Yardley	27	2	7,229	1.5	4	2	14
Maas Road, Northfield ..	47	2	5,014	1.0	6	2	18
Monument Road, Ladywood	32	3	5,200	—	—	2	5
Mowbray Street ..	33	2	8,266	0.5	2	2	19
*Sheep Street, Gosta Green ..	29	2	8,455	1.0	5	2	17
Slade Road, Erdington ..	39	3	3,633	1.0	—	5	15
Soho Hill, Handsworth ..	48	3	10,037	1.5	4	2	18
Stratford Road, Sparkhill ..	34	3	7,538	1.0	5	4	20
Warren Farm Road, Kingstanding ..	14	2	3,941	0.5	4	2	15
Warstock Lane, Kings Heath	40	1	7,061	1.0	4	2	8
Yardley Green Road, Little Bromwich ..	34	2	5,892	0.5	—	2	18

*Chiropody and orthodontic treatment are provided at Sheep Street Clinic.

†Physiotherapists attend junior training centres by arrangement—on average 11 session per week.

Child Guidance Clinics: 29 George Road, Birmingham B15 1PJ.

23B Lozells Road, Birmingham B19 2TL.

201 Sladefield Road, Birmingham B8 2SY.

455 Yardley Wood Road, Birmingham B13 0TA.

Speech Therapy sessions are held at the Child Guidance clinics above. Dental sessions are also held at Nechells Green Health Centre, Treafoad Lane, Carnegie Institute, Farm Road and Lancaster Street Personal and Child Health Centres.

At the Consultation & Assessment Clinic, Canterbury House, 85 Newhall Street, an asthma clinic is held twice weekly attended by a chest physician, an aural clinic also held five or six times weekly attended by E.N. & T. specialists. A number of ascertainment sessions are held weekly by school medical officers and a medical ophthalmologist (responsible for the ascertainment of blind and partially sighted children) attends twice weekly. Sessions for the examination of immigrants are held weekly as required.

Sessions are arranged as necessary for the medical examination of manual and non-manual staff.

IMMIGRANT CHILDREN

Medical Examinations:

A special clinic was held at Canterbury House for the examination of immigrant children of school age to continue the work begun last year.

As before the examination was undertaken before a child was admitted to school and included a complete physical check, examination of the faeces and a Heaf test for tuberculosis. Prophylaxis against polio, diphtheria and tetanus was started in unprotected children. The treatment of children with faecal parasites was undertaken by the Birmingham Children's Hospital as a matter of urgency. A number of children with more serious defects were subsequently examined and assessed as possibly requiring special educational facilities. In some instances there appeared to be a difference between the given age of a child and the apparent age on examination. In these cases an x-ray examination was carried out to assess bone age. X-ray facilities were provided by the kind co-operation of the Birmingham Children's Hospital. Towards the end of the year, sickle cell testing was introduced and it is hoped to include a report on the findings in 1971.

A summary of defects found at examination is given below:

Total number examined	..	..	..	..	..	..	..	1,493
Defects found:								
Skin	..	..	..	..	..	..	..	26
Eyes: a) Vision	..	..	..	..	..	..	..	129
b) Squint	..	..	..	..	..	..	..	10
c) Other	..	..	..	..	..	..	..	16
Ears: a) Hearing	..	..	..	..	..	..	..	2
b) Otitis media	..	..	..	..	..	..	..	7
c) Other	..	..	..	..	..	..	..	8
Nose and Throat	..	..	..	..	..	..	..	12
Speech defects	..	..	..	..	..	..	..	6
Heart murmurs	..	..	..	..	..	..	..	5
Chest: a) Asthma	..	..	..	..	..	..	..	3
b) Bronchitis	..	..	..	..	..	..	..	5
Orthopaedic	..	..	..	..	..	..	..	12
Hernia	..	..	..	..	..	..	55 (36 umbilical)	
Cervical glands	..	..	..	..	..	..	..	3
Endocrine glands	..	..	..	..	..	..	..	16
Obesity	..	..	..	..	..	..	..	5
Developmental retardation	..	..	..	..	..	..	..	1
Paralysis resulting from a history of polio	..	..	..	..	..	..	..	2
Tuberculosis:								
Heaf tests: Number carried out	..	..	..	..	..	..	..	1,493
Positive results Grade I	..	..	..	..	..	..	..	590
,, II	..	..	..	..	..	..	..	81
,, III	..	..	..	..	..	..	..	56
,, IV	..	..	..	..	..	..	..	22

ULTRA-VIOLET RAY TREATMENT

Treatment by ultra-violet rays is still of value in certain cases particularly acne, certain skin conditions, bronchitis and ear, nose and throat conditions. 610 children were treated and 410 of them showed improvement at the end of the course of treatment. Only 34 failed to benefit but 166 children did not complete the course.

REPORT ON THE WORK OF THE SCHOOL NURSING STAFF

Mrs. Lutwyche, Superintendent School Nurse reports:—

“However the School Health Service is administered in the future, the following report emphasises the continuing need for such a service to supervise and promote the health of the schoolchild. This aspect of preventative medicine does not produce such spectacular results as do other branches, and it is only when facilities are withdrawn, that the loss is noticed.

As the number of nursing staff has remained below establishment throughout 1970, it has been a problem deciding which clinic area had the greatest need. This situation has caused the staff to spend more travelling time than usual, when relieving in other districts.

Seven of the school clinics are now being supervised by State Registered Nurses, as there is a national shortage of Health Visitors. Although these nurses are carrying an ever increasing burden of responsibility and additional duties, they receive no extra remuneration. Students from various authorities and new staff have to be shown all aspects of school nursing work, and this must be done by the most qualified and experienced staff. It is only with good co-operation and team work that priorities have been met.

Follow-up and Home Visiting

The following-up in school of children who have a defect, and visiting the homes are important aspects of the school nurses' work; especially when parents are apathetic. The problem families are no longer concentrated in the central areas of the city, and are being rehoused in other districts; thus a change of pattern of the work has evolved in all clinic areas. During 1970, 3,674 children with various medical defects were followed-up in the schools. It was found necessary to refer 523 to the medical officers, 1,518 were progressing satisfactorily, and 1,633 were recommended for further observation. The quality of visiting helps to establish good liaison between medical staff, home and school, and with this co-operation many problems can be overcome.

<i>Reason for Home Visit</i>	1966	1967	1968	1969	1970
All forms of neglect (including verminous conditions) ..	2,201	2,146	2,012	1,672	1,817
Other environmental conditions	914	1,418	1,329	1,478	971
Behaviour problems	233	201	232	268	189
All medical defects (including the handicapped)	4,434	4,060	4,572	3,587	2,921
No access visits (from all the above categories)	2,130	2,163	2,450	2,244	1,682
TOTAL	9,912	9,988	10,595	9,249	7,580

Vision Surveys

Due to staff shortage in some areas, it has not been possible to carry out the visual accuity test annually, which has been the aim in the past.

To test vision satisfactorily, it is essential to have adequate space, suitable lighting and no distractions: such a room is not always available in some schools, and it is appreciated when the staff room or headteacher's room is loaned to the 'Clinic folk' to help overcome this difficulty. Nurses have observed that the Sheriden Gardner vision test now being used to check the vision of new entrants, immigrants and nursery school children, is more accurate, but is more time consuming than previous methods employed.

The number of children not wearing glasses, after having them prescribed or repaired free of charge is discouraging, and in some instances is due to a lack of parental interest.

New members of staff were helped by the knowledge gained from the lectures given by the staff of the Orthoptic Department of Selly Oak Hospital.

82,468	Children were tested during 1970.
66,947	Had normal vision.
5,127	Were referred for observation.
3,406	Were referred to medical officers.
4,575	Had defects corrected by spectacles.
2,413	Were not wearing spectacles at time of testing.

Nurses General Survey

In addition to their other duties, the school nurses carry out a general inspection of all children, once or twice a year. This procedure is the means of discovering an early defect, thus preventing a serious complaint developing. As a result of these surveys, 4,565 children were found to have defects which needed to be referred to the school medical officer or the general practitioner.

Nursery Schools and Classes

Nursing staff visit the nursery schools and classes as regularly as possible, and co-operation with teaching staff is such that nurses are contacted in cases of emergency or when medical advice is needed.

During 1970, a total of 147 home visits were made for nursery school pupils, in addition to interviews with parents in the nurseries.

Health Education

Health Education programmes are fitted into the school curriculum with the co-operation of the teaching staff. During 1970, 816 teaching sessions in the schools were taken by the nursing staff in addition to informal teaching and discussions in the clinics and during various surveys. The advice and assistance given by the staff of the Health Education Department is appreciated.

Work in the School Clinics

The number of minor ailments treated during the afternoon varies according to the clinic areas, as the following tables indicate. Parents in all districts have the opportunity to take their children to the local school clinic, for treatment or advice. Children on holiday or outdoor pursuits courses, are examined during the afternoon, in addition to refraction and adult medical sessions.

A fair proportion of clerical work is done by the nurses in the clinics, after these sessions.

Specialist Work—Asthma

All children attending this busy clinic are followed up regularly at their homes—310 visits were made by the two members of staff who specialise in this work. Visitors and students to this department have appreciated the time given by the staff when explaining the work and various procedures.

Ear, Nose and Throat Department

The audiometric sweep testing in the schools is near to completion for 1970, despite changes and shortage of staff. In addition to carrying out their duties in the schools and clinic, the staff in this department have helped to train and lecture to students from various authorities.

Handicapped Children

As the number of handicapped children increases, so more home visiting and follow-up work is needed in this field. 160 sessions were taken for journeys to different parts of the country, escorting children to and from residential schools. Nursing staff from other clinics have been called upon to help in this service for the handicapped, and to relieve at the Residential Open Air Schools and Physically Handicapped Schools when permanent staff have been absent.

Immigrant Clinic

An average of three nurses have been employed for approximately six sessions each week, helping with the examination of immigrant children.

The Work of the Nursing Assistant

The necessity of cleanliness inspections and following up of infested children is confirmed by the increase in the number of affected children.

Reports published by other authorities suggest the problems of pediculosis and scabies are national ones.

The valuable work carried out by the nursing assistants has been the prime factor for the incidence of pediculosis amongst Birmingham schoolchildren not rising higher than the following figures indicate. Like other infectious diseases, infestation has no respect for persons, and every endeavour is made to eradicate this condition by advising or demonstrating to parents how to deal with this problem. However, during 1970, despite shortage of staff and with the co-operation of the Education Welfare Officers, a new scheme was tried, with some success.

Every help was given to families where there were extenuating circumstances, but if the condition was such, that other children in the class were in danger of becoming infested, and there was no reason why the parents were not able to cleanse the hair, the child was excluded from school until cleansed. This scheme has proved that many mothers can cope with this situation. Parents would make greater efforts to eradicate this condition, if it were realised how children can be disturbed by the rejection of their contemporaries.

During 1970, 69,384 children were inspected by the nursing assistants; 1,376 children (including pre-school) were treated for scabies and regular supervision was given to 424 children, of 138 families requiring special support. A total of 1,294 baths were given for conditions other than scabies, and 216 children were treated for impetigo.

	1965	1966	1967	1968	1969	1970
Infestation Rate %	7.7	7.5	7.0	7.0	6.8	7.5
Number of children cleansed on Statutory Cleansing orders ..	1,967	1,845	1,835	1,721	1,389	1,653
Total number of statutory cleanings	2,772	2,646	2,585	2,514	1,992	2,300
Cleansing demonstrations to mothers	537	549	662	661	440	836
Prosecutions under Section 54 ..	11	15	26	6	22	20
Number of children involved ..	16	29	42	6	46	43

EYE DEFECTS

The number of children examined at the various clinics in the routine age groups who suffered from defective vision (excluding squint) was:

<i>Age group inspected (By year of Birth)</i>	<i>Number of pupils examined</i>	<i>Number found to have defective vision</i>	<i>Percentage</i>
1966 and later	1,482	33	2.23
1965	6,532	178	2.73
1964	6,294	239	3.80
1963	2,793	115	4.12
1962	816	59	7.23
1961	505	59	11.68
1960	636	59	9.28
1959	1,857	158	8.51
1958	856	73	8.53
1957	201	24	11.94
1956	2,971	398	13.40
1955 and earlier	9,773	1,311	13.41
TOTAL	34,716	2,706	7.79

Mr. Mark Tree reports:-

"I am pleased to report on the year's work at the Ophthalmic Clinic at Canterbury House.

I am glad to record the most helpful and ready co-operation which has been achieved with the staff of the Aural Clinic and also the Asthma Clinic so that useful information and assistance in difficult cases has been exchanged.

There has, of course, been an increased proportion of immigrant West Indian and Pakistani children seen.

I set out as usual an analysis of the refractive errors seen:-

Moderate myopia and astigmatism	18%
High myopia	3%
Hypermetropia and astigmatism	50%
Mixed astigmatism	10%
Squint cases	8%
No spectacles ordered	11%

It has become increasingly evident that investigation and understanding of diseases and disturbances in children requires highly specialised techniques in the realms of the chemistry of metabolic defects, the chromosome alterations of inherited defects, and the complicated relationships between mother and child during pregnancy.

The transfer of infection has been highlighted in rubella and toxoplasmosis, the effect of drugs by the thalidomide disaster, and the brain damage by blood incompatibilities.

There is still very much that remains unsolved and I have been particularly impressed by the devastating effect of congenital deformities often associated with eye abnormalities seen at the school clinic.

Lack of development and even absence of an eye occurs with impaired structure of the orbit or skull. Abnormal skin-like structures such as dermoid cysts or dermo-lipomas may involve the eye and cause grave impairment of vision and may be associated with abnormal bone formation of the face, the ear and vertebral column resulting in severe deformities not always amenable to plastic surgery.

Dermoids of the eye may involve the deeper tissues and their removal may be more hazardous than casual inspection suggests. Anxious parents, unless carefully informed, may become impatient of inaction. I have seen a number of these cases and where both eyes have been involved, education as partially sighted is indicated.

There is a great deal of literature on this subject, highlighted by Goldenhar in 1952 and now known as oculo-auriculo-vertebral dysplasia."

PERSONAL & CHILD HEALTH DENTAL SERVICE
REPORT OF CHIEF DENTAL OFFICER
SCHOOL DENTAL SERVICE, 1970

The statistics which are supplied to the Department of Education and Science are given at the end of this section and they provide a fairly detailed account of the year's work. These comments are intended to amplify certain aspects and to bring to notice several points which are not covered by the statistical returns.

The year 1970 has been a fairly difficult one in many respects. Strikes have affected large sections of the community but the dental service has been hit in particular by the teachers' strike in the early part of the year, when many people appeared to think that as

the schools were closed the dental clinics were also, and in the latter part of the year by the power workers' strike when failure of electricity led to the cancelling of a number of sessions since neither lighting nor equipment could function.

During 1970 the remaining specialist posts in Minor Surgery and Periodontics were filled, the latter by the promotion of one of our Senior Dental Officers. Arrangements have been concluded for him to work in close association with the Dental Hospital. The Minor Surgery post has been filled on a part-time basis, the officer concerned dividing his time between the Personal and Child Health Dental Service and the Dental Hospital, an arrangement which further improves the liaison between the service and the Dental Hospital.

During the year there have been considerable discussions on the policy to be followed in dealing with children's teeth. This decision had to be taken in the light of the effect which fluoridation is beginning to have on the teeth of five year old children. This point is referred to in more detail later. It was decided that the logical thing to do was to devote as much time as possible to the treatment of young children particularly those just entering school. In this way it is hoped that treatment can be provided before there is serious damage to teeth and so avoid the need for many extractions. It will also provide a much more satisfactory introduction to dentistry and dental treatment for these young children. It is intended that they shall be put on an incremental care basis as soon as possible. The amount of treatment then being necessary should be minimal providing the interval between inspections is not too long. This does not really involve a radical change of policy since the majority of these children are already inspected and offered treatment. It is rather an alteration in emphasis.

The staff position during the year has been subject to considerable change. During the summer the position had deteriorated seriously and the number of dental officers employed in terms of whole-time equivalent was substantially down compared with recent years. Fortunately the situation was showing signs of radical alteration by the end of the year. It has also not proved possible to appoint as many dental auxiliaries as financial provision would have allowed. These young ladies specially trained in a restricted range of dental operations, could play a very important and positive part in providing dentistry for young children. The number who qualify each year is severely restricted and their services are now beginning to be in great demand by local authorities.

Much of the dental equipment in the clinics is out of date and inefficient. It has been possible during 1970 only to replace a small number of items mainly directed towards providing improved lighting in the surgeries. However a carefully worked out plan has been prepared for the phased replacement of all obsolete equipment spread over a number of years. This has been accepted by both the Health Committee and Education Committee but its implementation will obviously depend upon the finance which is available each year.

Fluoridation of the water supply has, of course, continued during the year. This commenced in 1964 and, since to obtain full benefit it is necessary for this water to have been drunk by the individual from birth, those children entering school at the age of five in 1970 should be showing significant benefit. A survey of the teeth of 3, 5, 8 and 12 year old children has, of course, been carried out in the Autumn of each year and since 1968 the three year old children have shown a reduction of nearly 60% in dental decay compared with 1964 and 1965. In 1969 the five year old children appeared also to be deriving considerable benefit from fluoridation. Figure 1 shows how the mean number of defective

teeth per child in the five year old age group has decreased compared with 1965. What is even more interesting is the way in which the number of children with 10 or more defective teeth has been reduced. This is shown in Figure 2. There has also been a considerable reduction in the extent to which decay spreads in those teeth which are still attacked. There is thus a two-fold benefit. In the first place the number of teeth affected is substantially reduced and the extent to which these teeth are affected is also greatly reduced. It must, however, be pointed out that while fluoridation can make a very large contribution to dental health it is not the complete answer to dental disease. It does not eliminate the problem but merely brings it nearer to manageable proportions. It is absolutely essential, therefore, to make sure that all the other matters which have a bearing on dental health, i.e. the restriction of sugar, particularly between meals, the proper cleaning of teeth and the provision of a satisfactory diet should receive as much attention as in the past.

Our dental health education programme had been extended by the end of the year to take in approximately 61 schools, the vast majority of them primary schools. The points about care of the teeth have, of course, been put over to children in a simple way but in addition considerable emphasis has continued to be put on the development of better and closer relations between the schools and the school children on the one hand and the dental service on the other. This has involved courses of teaching in schools together with activities in which the children can take part, such as drawing competitions, writing essays, making posters, etc. for which a small prize is given and then an exhibition of children's work and perhaps a visit to a dental clinic if this can be arranged. In this way children get to know dental equipment and dental staff before they need to come for treatment. Although it is very early days this appears to be paying dividends in an increased number of acceptances for dental treatment in the schools in which this programme is carried out and a much better attitude to dental treatment by the children concerned which makes it easier for the dental officer or dental auxiliary to carry out treatment.

Considerable attention has been attracted towards the problem of sickle cell disease in children of negro origin. Under certain circumstances, which involve lack of sufficient oxygen, people with this disease can suffer substantial harm. There is a remote possibility that similar circumstances can arise in connection with general anaesthesia for the extraction of teeth and while there would not be the slightest risk with normally healthy people there could be a very small risk to individuals suffering from sickle cell trait or disease. The practice has, therefore, been established of testing the blood of any children of negro origin, for whom this has not already been done, before the administration of a general anaesthetic. Arrangements have been made with the hospitals in Birmingham to carry out this test and to notify the dental clinic concerned of the result. This necessarily involves additional effort on the part of the patient and can be a little difficult in the case of children requiring emergency extractions but on the whole it has worked well and no real difficulties have been experienced.

With regard to statistics the overall picture is of a slightly reduced number of sessions worked by dental officers compared with last year and a slight reduction in the amount of treatment provided. The emphasis has tended to move somewhat from permanent teeth to deciduous teeth. This, of course, is in line with the policy of providing treatment for young children entering school. The total number of fillings inserted in all age groups of school children was 44,161 compared with 45,595 in 1969. The number of extractions was 27,945 compared with 33,298 in 1969. This represents a very welcome reduction of approximately 20%. The ratio of permanent teeth filled to permanent teeth extracted has

risen from 3.5 in 1969 to just over 4.0 in 1970. It is particularly pleasing to note that the activities of the Orthodontic Department have continued to develop, 463 new cases having been commenced during the year compared with 408 in 1969 and 384 cases have been completed compared with 326 in 1969. Of particular interest however, is the reduction of the number of cases discontinued before completion during the year from 130 in 1969 to 68 in 1970. In 1969 this figure represented 28% of cases whose treatment ceased whereas in 1970 it had dropped to approximately 15%. Since orthodontic treatment is an expensive commodity to provide and cases discontinued before treatment is completed indicate a waste of the resources, it is obviously desirable that they should be reduced to the least possible figure. In 1970 they were about the same as the national average.

Diploma in Dental Health

There has recently been instituted at the Birmingham Dental School a course leading to a Diploma in Dental Health. This is intended to cover dental health education, epidemiology and other aspects which are concerned with dental, public health and general community needs. Arrangements have been concluded whereby selected dental officers may take this course under the provision of the In-Service Training Programme. The first dental officer to take the course under these arrangements commenced his studies in October, 1970.

SCHOOL DENTAL SERVICE

1. STAFF

	Number of officers in local authority service		Full time equivalent inclusive of extra paid sessions.			
	Full time	Part time	Administrative Duties	Clinical duties		Total full-time equivalent
				School Service	M. & C.W. Service	
(a) DENTAL OFFICERS						
Principal School Dental Officer	1	—	0.5	0.3	0.2	1.0
Salaried Dental Officers	16		0.2	15.3	0.5	16.0
Sessional Dental Officers	—	23	—	6.6	0.7	7.3
TOTAL	17	23	0.7	22.2	1.4	24.3
(b) DENTAL AUXILIARIES AND HYGIENISTS						
Dental Auxiliaries	7	1	—	7.1	0.5	7.6
Dental Hygienists	2	—	—	1.8	0.2	2.0

(c) OTHER STAFF

	<i>Number of officers</i>	<i>Full time equivalent</i>
Dental Technicians	2	2.0
Dental Surgery Assistants	42	36.5
Clerical Assistants	3	3.0
Dental Health Education Personnel	—	—

2. SCHOOL DENTAL CLINICS

	<i>Fixed Clinics</i>				<i>Mobile Clinics</i>		
	<i>No. with ONE surgery only</i>	<i>No. with TWO or more surgeries</i>	<i>Total number</i>		<i>Total number</i>		<i>Total No. of sessions worked in 1970</i>
			<i>Available</i>	<i>In use</i>	<i>Available</i>	<i>In use</i>	
Provided directly by the Authority	3	18	40	40	Nil	Nil	Nil

3. INSPECTIONS.

						Number of Pupils		
						Inspected	Requiring Treatment	Offered Treatment
(a)	First Inspection—school	..	..	..	86,983	65,949	57,213	
(b)	First inspection—clinic	..	..	..	20,116			
(c)	Re-inspection—school or clinic	..	..	..	7,327	5,000		
	Totals	..	..	..	114,426	70,949	57,213	

4. VISITS

	<i>Ages 5—9</i>	<i>Ages 10—14</i>	<i>Ages 15 and over</i>	<i>Total</i>
First visit in the calendar year	11,090	10,776	2,409	24,275
Subsequent visits	11,277	21,611	5,653	38,541
Total visits	22,367	32,387	8,062	62,816
5. COURSES OF TREATMENT				
Additional courses commenced	1,024	1,083	275	2,382
Total courses commenced	12,114	11,859	2,684	26,657
Courses completed	—	—	—	23,989
6. TREATMENT				
Fillings in permanent teeth	7,375	20,931	6,770	35,076
Fillings in deciduous teeth	9,168	917	—	10,085
Permanent teeth filled	6,360	18,365	6,036	30,761
Deciduous teeth filled	8,383	825	—	9,208
Permanent teeth extracted	1,177	5,234	1,995	8,406
Deciduous teeth extracted	15,094	4,445	—	19,539
Emergencies	1,724	1,046	218	2,988
Number of general anaesthetics	6,418	4,149	611	11,178

Number of pupils x-rayed	1,632
Prophylaxis	6,009
Teeth otherwise conserved	1,837
Teeth root filled.. .. .	78
Inlays	22
Crowns	165

7. ORTHODONTICS

New cases commenced during the year	463
Cases completed during the year	384
Cases discontinued during the year	68
Number of removable appliances fitted	742
Number of fixed appliances fitted	14
Number of pupils referred to Hospital Consultants	19

8. DENTURES

Number of pupils fitted with dentures for the first time:-	<i>Ages 5—9</i>	<i>Ages 10—14</i>	<i>Ages 15 and over</i>	<i>Total</i>
(a) with full dentures	2	2	2	6
(b) with other dentures	9	54	46	109
Total	11	56	48	115
Number of dentures supplied (first or subsequent time)	10	57	47	114

9. ANAESTHETICS

Number of general anaesthetics administered by Dental Officers	219
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10. SESSIONS

	Adminis- trative sessions	Number of clinical sessions worked in the year					Total Sessions
		Schools service			M. & C.W service		
		Inspection at School	Treatment	Dental Health Education	Treatment	Dental Health Education	
Dental Officers (inc. P.S.D.O.)	336	557	9,092	24	485	21	10,535
Dental Auxiliaries	—	—	1,840	663	102	3	2,608
Dental Hygienists	—	—	158	432	62	5	657
Total	336	557	11,090	1,119	649	29	13,800

DENTAL AUXILIARIES

4. VISITS

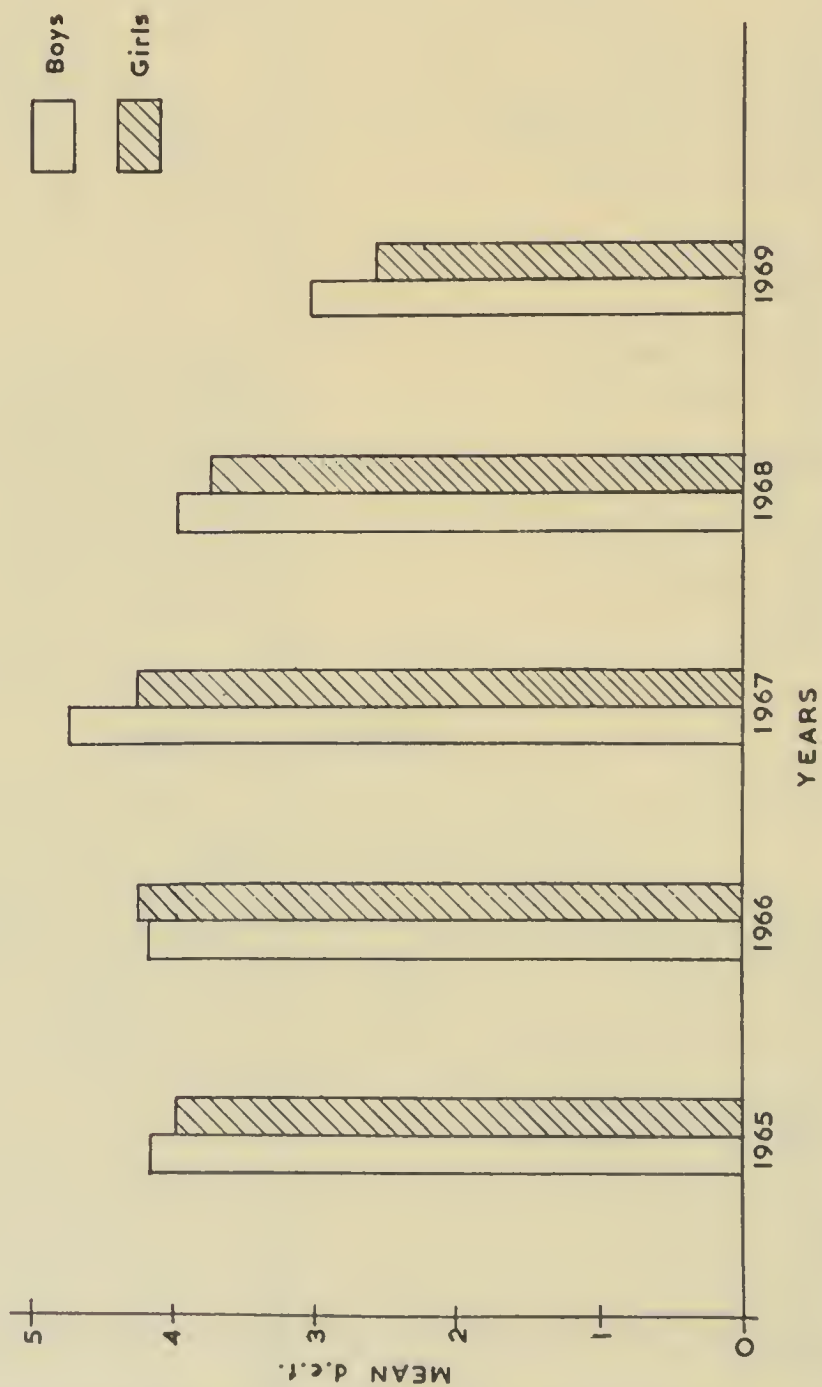
	<i>Ages 5—9</i>	<i>Ages 10—14</i>	<i>Ages 15 and over</i>	<i>Total</i>
First visit in the calendar year	1,202	662	99	1,963
Subsequent visit	3,181	110	359	3,650
Total visits	4,383	772	458	5,613
5. COURSES OF TREATMENT				
Additional courses commenced	128	47	8	183
Total courses commenced	1,330	709	107	2,146
Courses completed	—	—	—	1,622
6. TREATMENT				
Fillings in permanent teeth	1,555	2,428	439	4,422
Fillings in deciduous teeth	2,814	233	—	3,047
Permanent teeth filled	1,317	2,138	381	3,836
Deciduous teeth filled	4,318	203	—	4,521
Deciduous teeth extracted	104	90	—	194
Prophylaxis	—	—	—	1,124

DENTAL HYGIENISTS

4. VISITS

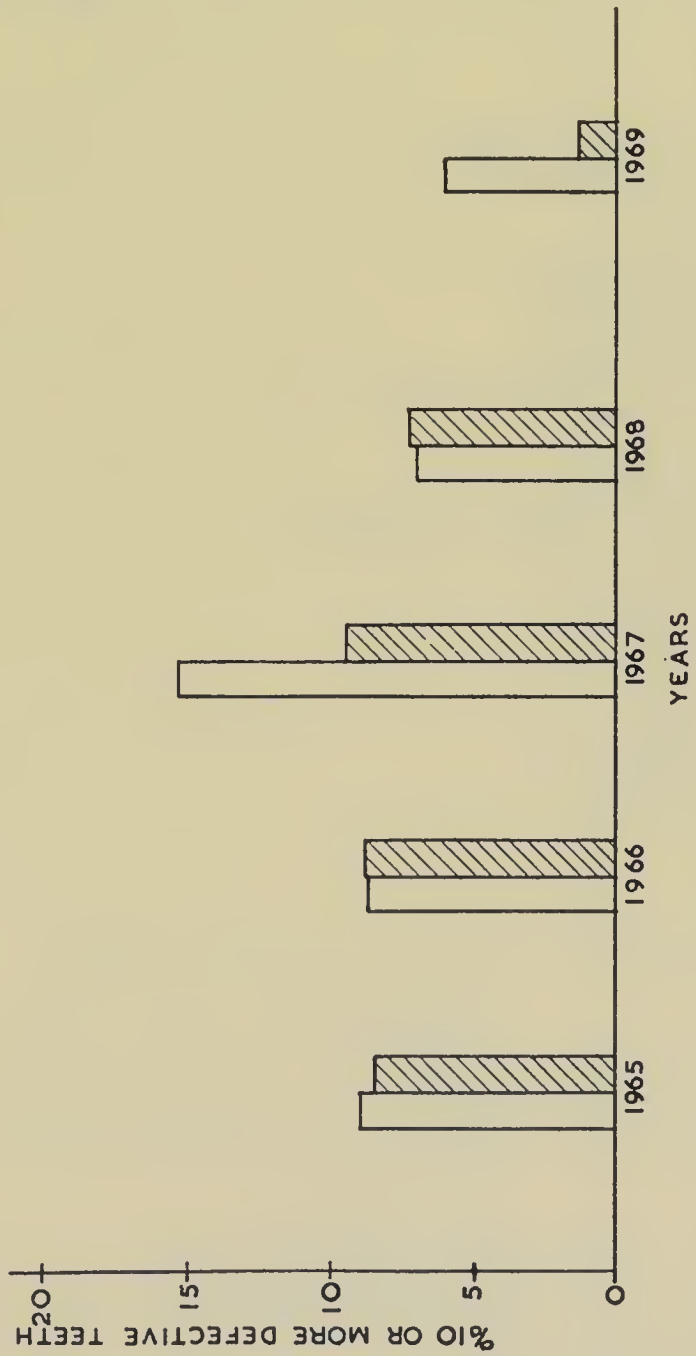
	<i>Ages 5—9</i>	<i>Ages 10—14</i>	<i>Ages 15 and over</i>	<i>Total</i>
First visit in the calendar year	18	66	15	99
Subsequent visit	33	114	27	174
Total visits	51	180	42	273
5. COURSES OF TREATMENT				
Additional courses commenced	—	—	—	—
Total courses commenced	18	66	15	99
Courses completed	—	—	—	114
6. TREATMENT				
Prophylaxis				254

5 YEAR OLD CHILDREN
MEAN NO. OF d.e.f. TEETH PER CHILD



5 YEAR OLD CHILDREN % OF CHILDREN 10 OR MORE DEFECTIVE TEETH

Boys
Girls



CHIROPODY CLINIC

Mr. H. Wildbore reports:-

"Mrs. S. R. Browne reduced her attendances by two sessions during the year. She ceased to attend at Harvey Road Clinic in July and discontinued her Friday session at Sheep Street at the end of October.

The work of the Chiropody Clinic varied little from that of previous years, the treatment of verrucae taking much of the time available. The correction of minor deformities continues and should give important long term benefit to the children treated. However much does depend on the type of footwear worn afterwards".

ANALYSIS 1970

Number of cases

Plantar warts—single	146
Plantar warts—multiple	138
Corns	73
Callouses	19
Onychocryptosis	9
Involuted nails	20
Onychophosis	4
Onychogryphosis & onychauxis	10
Pes cavus	7
Pes valgus	28
Hallux valgus	53
Other conditions of 1st segment	3
Various conditions of lesser toes	125
Foot strain	1
Hyperidrosis	4
Tinea pedis	12
Blisters	6
Trauma	6
Foreign body	1
Chilblains	1

669

Total number of new cases	505
" " " re-examinations	1,427
" " " attendances	1,932
" " " treatments	2,476
" " " discharged	506
" " " referred for further treatment	20
" " " still under treatment	181
" " " of cases of verruca discharged	322
" " " attendances before discharge	1,251
Average attendances per case of verruca	3.9

Summary of foot inspections carried out at schools during 1970.

It was only possible to visit four schools and children seen were aged 7-9 years.

	Girls	Boys
Number of children seen	306	303
Conditions observed:		
Pes valgus	102	93
Pes cavus	—	3
Other conditions of long arches	6	8
Hallux valgus	54	34
Hallux varus	10	17
Other conditions of 1st segment	6	1
Hammer toes or mallet toes	2	3
Latero-medial curvatures	106	108
Overriding 2nd	3	—
Overlapping 5th	3	7
Rotated 5th	22	24
Other irregularities of lesser toes	20	27
Corns	14	20
Callouses	7	9
Verrucae	6	5
Tinea pedis	—	1
Onychocryptosis	—	1
Thickened nails	9	6
Other nail conditions	—	4
Genu valgum	21	12
Footwear		
Short	87	73
Inadequate in other ways	49	4
Referred for treatment		
Chiropody	87	72
Physiotherapy	4	3

ASTHMA CLINIC

Dr. J. Morrison Smith, Chest Physician, reports:-

“There were 245 new patients seen, 901 first recalls and 5,570 consultations (including 942 at Dudley Road Hospital). The School Health Visitors carried out 242 successful home visits and 68 where no access was obtained.

Publications in 1970

“Immune Tolerance in Pollen Allergy” a letter to the Lancet published 7-2-70 recorded our finding that pollen allergy in children was unassociated with the month in which they were born.

"Disodium Cromoglycate in the Treatment of Asthma in Childhood" in the Proceedings of the VII International Congress of Allergology, Florence 1970.

"Long Term Results with Disodium Cromoglycate in the Treatment of Asthmatic Children".

"Disodium Cromoglycate in Allergic Disease", Butterworths, London 1970. and

"Disodium Cromoglycate in Pollen Asthma", *Acta Allergologica* P. 365-373, 1970, are three papers recording our further experience with this new drug in the treatment of asthma.

"The Treatment of Asthmatic Children Away From Home", *Public Health* **84**, 286, 1970. described and contrasted our experience of asthmatic children going to the Pro-Juventute Sanatorium in Davos, Switzerland, through the British Red Cross Society and the Sunday Mercury "Give a Girl Health" Fund, with other similar children with severe asthma who went to a residential open air school in Birmingham (Baskerville School).

"Clinical Findings in Children with Allergy to the House Dust Mite", *Acta Allergologica* **30**, 40, 1970 described the clinical condition of 100 children found to be highly allergic to the house dust mites but with no evidence of allergy to any other known allergen.

Other Research

A paper on the changing prevalence of asthma in childhood in Birmingham will be published in 1971. The differences in occurrence of allergic diseases in children of different racial groups, some born in England and some born abroad is being studied. Further work on the excretion of disodium cromoglycate and on evidence of its safety in long-term use is being done. The value of nasal provocation tests with mite extracts relative to skin tests is being investigated.

Staff

It gives me the greatest pleasure to acknowledge the help and co-operation of my medical colleagues, Dr. L. F. Dale and Dr. P. K. Mukherjee and the medical officers of the School Health Service. It would, however, be true to say that the work of the Clinic in all its aspects depends to a major extent on the skill, kindness and patience of the nursing staff. The work of the Clinic has steadily increased over the years and with advances in knowledge it is now possible to help many more children with asthma to lead worthwhile lives and enjoy a normal childhood. A great deal of patient effort is however required of the staff of a clinic such as this, often lasting over many years in individual cases.

Many other people contribute in some way such as colleagues in other specialities, clerical staff, radiological staff at the Birmingham Chest Clinic and the administrative staff of the School Health Service. To all of them we would like to express our thanks and appreciation."

ORTHOPAEDIC DEFECTS

Mr. H. Piggott, F.R.C.S. has continued to hold sessions at Mowbray Street Clinic. He examines those children referred by the school medical officers where the need for consultant advice is evident. All the physiotherapists attend his clinics so that they not only benefit by the advice about treatment that is given for patients under their care but they also see children brought forward by their colleagues.

This is a valuable means of keeping them abreast of modern methods of treatment over a wide range of orthopaedic conditions and also provides a regular opportunity for them to meet together and exchange ideas.

SUMMARY AND ANALYSIS OF THE CASES TREATED IN THE PHYSIOTHERAPY SERVICE

<i>Reason for attendance</i>	<i>No. of children treated</i>	<i>No. of attendances</i>
Remedial exercises ..	1,574	13,950
Massage	49	356
Radiant heat	38	190
Electrical treatment ..	13	118
Other purposes ..	379	1,102
TOTAL	2,053	15,716

Number of physiotherapists in post at 31st December, 1970:
 Full-time 2 Part-time 8 Total full-time equivalent 5.0

RESULTS OF TREATMENT

<i>Defect</i>	<i>Number Treated</i>	<i>Cured or much improved</i>	<i>Slightly improved</i>	<i>Unchanged</i>	<i>Dis-continued Treatment</i>
Spinal conditions. . . .	178	96	46	12	24
Poor muscle tone .. .	122	68	26	8	20
Various forms of paralysis	34	4	18	11	1
Deformities of the foot ..	886	336	275	118	157
Asthma	113	34	47	20	12
Bronchiectasis	7	—	4	3	—
Bronchitis	154	67	54	10	23
Injuries	24	19	4	—	1
Cerebral palsy	15	—	12	1	1
Knock knees	50	24	14	8	4
Painful knees	7	1	1	5	—
Osgood Schlatter's disease	3	—	—	3	—
Congenital absence of fingers one hand .. .	1	—	—	1	—
Torticollis	4	—	1	3	—
Clicking hip joint .. .	1	—	—	1	—
Chondromalacia patellae	3	2	—	1	—
Perthe's disease	2	1	—	1	—
Backache	1	—	—	1	—

Results of Treatment (*continued*)

<i>Defect</i>	<i>Number Treated</i>	<i>Cured or much improved</i>	<i>Slightly improved</i>	<i>Unchanged</i>	<i>Dis- continued Treatment</i>
Spontaneous dislocation of patellae	1	—	—	1	—
Pains in legs	1	—	—	1	—
Spontaneous dislocation of shoulder	1	—	—	1	—
Collapsed lung	1	1	—	—	—
Arthritis	1	—	—	1	—
Limitation flexion of elbow	1	—	—	1	—
Huntington's Chorea ..	1	—	—	1	—
Maladjusted	1	—	—	1	—
Cystic fibrosis	3	—	1	2	—
Recurrent respiratory infection	39	18	10	5	6
Torn meniscus	1	—	1	—	—
Dysmenorrhoea	5	4	1	—	—
Encephalitis	1	—	—	1	—
Hydrocephalus	1	—	1	—	—
Right middle lobe collapse	1	1	—	—	—
Spina bifida	1	—	1	—	—
Scheuermanns disease ..	2	1	1	—	—
Stiff knee	1	—	—	1	—
Genu valgum	4	1	2	1	—
Pain in upper thigh ..	1	—	—	—	1
Acne	2	—	1	1	—
General debility	8	2	5	1	—
TOTAL	1,683	680	526	227	250

Total number of individual children treated during the year:- 1,664.

A summary and analysis of the cases seen by the Orthopaedic Surgeon is given below:

Kyphosis	3
Scoliosis	15
Torticollis	5
Slight flexion of hips and knees when standing	1
Pes Valgus	14
Pes cavus	8
Knock knees	36
Claw toes	1

Metatarsalgia	..	..	..	..	..	..	..	..	2
Short leg	..	..	..	..	..	..	..	..	1
Painful ankles	..	..	..	..	..	..	..	..	1
Talipes equino varus	..	..	..	..	..	..	..	..	1
Heels, bunions	..	..	..	..	..	..	..	..	1
Spontaneous dislocation of patellae	..	..	..	..	..	..	..	..	1
Hallux valgus	..	..	..	..	..	..	..	..	6
Popliteal bursa	..	..	..	..	..	..	..	..	1
Bow legs	..	..	..	..	..	..	..	..	3
Webbed feet and extra toes	..	..	..	..	..	..	..	..	1
Painful feet and deformity of toes	..	..	..	..	..	..	..	..	2
Osgood Schlatter's disease	..	..	..	..	..	..	..	..	1
Unstable ankle	..	..	..	..	..	..	..	..	1
Crooked toes	..	..	..	..	..	..	..	..	1
Hammer toes	..	..	..	..	..	..	..	..	1
Prominent first cuneometatarsal joints	..	..	..	..	..	..	..	..	1
Hemangiomata of left heel	..	..	..	..	..	..	..	..	1
Painful heels	..	..	..	..	..	..	..	..	1
Lax ligaments	..	..	..	..	..	..	..	..	1
Cut tibialis anterior tendon	..	..	..	..	..	..	..	..	1
Arm and shoulder girdle									
Spontaneous dislocation of shoulder	..	..	..	..	..	..	..	..	1
Limitation of flexion of elbow	..	..	..	..	..	..	..	..	1
Flexed fingers	..	..	..	..	..	..	..	..	3
Shortened left arm	..	..	..	..	..	..	..	..	1
Spasticity of lower limbs with gross equinus and claw toes..	..	..	..	..	..	..	..	..	1
Cerebral palsy	..	..	..	..	..	..	..	..	3
Spastic hemiplegia	..	..	..	..	..	..	..	..	1
Clicking hip joint	..	..	..	..	..	..	..	..	1
Spastic equino varus	..	..	..	..	..	..	..	..	2
Mild cerebral palsy	..	..	..	..	..	..	..	..	1
Persistent foetal alignment of femur	..	..	..	..	..	..	..	..	1
Spasticity	..	..	..	..	..	..	..	..	1
Medial deviation of second terminal phalanx, little finger	..	..	..	..	..	..	..	..	1
Bilateral deformity of radius and ulna	..	..	..	..	..	..	..	..	1
Spina bifida	..	..	..	..	..	..	..	..	1
Abnormalities of feet and hands	..	..	..	..	..	..	..	..	2
Osgood Schlatter's disease	..	..	..	..	..	..	..	..	5

Poliomyelitis	2
Torn medial meniscus	1
Perthe's disease	1
Osteochondritis	3
Odd gait	3
Pain and locking of knees and locking of right elbow	1
External rotation of tibia and squinting patella	1
Painful knees	9
Pain in arms and thighs	1
Pain in lumbar region	1
Pain around os calcis	1
Swelling of first metatarso-phalangeal joint	1
Chondromalacia patellae	5
Cyst on right foot	1
Spastic hemiplegia	1

Total number of defects 171

Total number of individual children seen 167.

CONVALESCENT TREATMENT

The Education Committee provides a fund to enable a limited number of children recovering from acute illness to have a period of convalescence. Approval is given in selected cases recommended by the doctor in charge of the case and where the parents cannot afford to pay the cost. The scheme is intended to supplement that of the convalescent arrangements of the hospitals and to deal with children who fall outside the scheme for recuperative convalescence which they provide.

This is a valuable ancilliary provision and 15 children benefitted by a period of convalescence under the scheme.

SUMMARY OF WORK 1970

SCHOOL MEDICAL OFFICERS AT SCHOOLS:	<i>No of Children inspected or treated</i>
Visits to Schools—2,663	
Routine Inspections	34,716
Special Inspections	16,630
Re-inspections	7,305

OPHTHALMIC CLINICS:

Number of spectacles prescribed by the Ophthalmic Surgeons 2,739

AURAL CLINIC:

Number examined by the Aural Surgeons	4,253
Number of mastoid dressings	409
Number of other aural treatments	1,507
Number of audiograms	5,394
AUDIOMETER SWEEP TESTS	16,512

ORTHOPAEDIC CLINICS:

Number examined by the Orthopaedic Surgeon	167
Number treated by the Physiotherapists	1,664
CHILD GUIDANCE CLINICS	900
SPEECH THERAPY CLINICS	1,158
ULTRA-VIOLET RAY TREATMENT	624
DENTAL CLINICS (completed courses of treatment)	23,989
ORTHODONTIC CLINIC (completed courses of treatment)	384
ASTHMA CLINIC	1,146

SCHOOL NURSES AND/OR NURSING ASSISTANTS:

Examinations of Children for Uncleanliness	384,861
Vision Tests	82,468
Home Visits	7,580
CHIROPODY CLINIC	699

DEFECTS OF EAR, NOSE AND THROAT

Mr. Norman L. Crabtree, the Ear, Nose and Throat Surgeon reports:-

"Since my last report the work load of the Aural Clinic has continued to increase as the annual returns demonstrate. We have bidden fairwell to Nurse Hall who maintained the working of the Clinic so efficiently over many years, intensely interested in the welfare of every child with a hearing handicap and with a prodigious computer-like memory from which she was able to recall without hesitation virtually the entire significant history and progress of each child with whom the department dealt. She has been succeeded by Nurse Crathorne in charge of an extremely busy clinic in which there are no periods of relaxation and which she maintains with tremendous energy and high technical skill.

There is now an otological consultant session at the Clinic on virtually every day, this requiring a great deal of preparatory audiometry, a very careful follow-up with a considerable amount of secretarial requirement and clerking and filing needs in order to ensure that the follow-up is maintained efficiently.

The close relationship between the Aural Clinic, primarily concerned with school children, and the audiological services for the pre-school child, has been harmonious for many years and with the changes affecting the other parts of the Health Service the intimacy

of working has increased considerably. The cross contact and referral of children of all ages is now continuous and from the point of view of the child's assessment and follow-up it may be said that the two clinics now function essentially as one integrated unit.

The institution of a Panel Placement Committee which meets regularly and includes the teachers of the deaf together with the otologist and the school medical officer has greatly improved communications at field level. This has been quite essential in view of the alterations in the management of hearing handicapped children which have followed the appointment of peripatetic teachers of the deaf. As a result of their work many children who were failing in school but unable to be given special education, either because their handicap was not sufficiently severe or there were no places in the schools, are succeeding in the normal school environment. With the opening of partial hearing units the careful assessment of the suitability of each child for one particular form of special education or another has become more complex and with these improvements many problems have been highlighted. We are becoming increasingly aware of the difficult acoustic environment which the hearing handicapped child finds in a normal school. Now that we can select children who would benefit most by a partial hearing unit in a normal hearing school far more children of this type are being found than there are places for them. We are also finding how much additional need there is for equipment and modified acoustic conditions in the ordinary classrooms. The shortages of staff, the difficulty of obtaining suitable equipment and the shortage of places in both the partial hearing units and in the special schools continues to be demonstrated and is now more obvious when there are a few children who can now be expertly looked after in these special environments.

In the last two or three years the Birmingham Regional Hospital Board has instituted training programmes both for audiology technicians and physics technicians trained in physical measurement of which audiology is one of their several branches of the hospital service. These students have benefited greatly from attachment to the Aural Clinic where the work load is high and the turnover rapid as well as the good training they are able to receive in the Aural Clinic.

This report has mainly concerned the difficult and continuous problem of the education of the child who is permanently handicapped with some degree of perceptive deafness requiring a greater or lesser degree of special educational help with support from the otological services but the problem presented by children with ear infections and catarrhal deafness must not be forgotten. For each child which is perceptively deaf we pick up about a hundred children suffering from catarrhal deafness in this area where the condition appears to be particularly rife. With all our difficulties with the perceptively deaf our problems with these catarrhal deafnesses are much larger in number if not in severity. The waiting time for audiometry and consultant assessment of these cases is still long and as these cases nearly all require some form of hospital treatment, usually involving short stay admission in hospital and in some cases re-admissions over a period of time, the period of time which passes before a bed can be found is very much too long. This situation is improving and the fact that it is so obvious to us who work in this field as being so short of requirements is partly due to the efficiency of the school health services in screening and assessing these problems in the City."

AUDIOMETRIC SURVEY 1970

The examination in the schools of the five year old children by pure tone audiometry was continued during the year. Any other child with suspected hearing loss could also be brought forward.

The methods and standards used were described in previous reports:-

Number of children tested	..	..	..	..	..	..	..	16,512
Number of children failed	..	..	..	..	..	..	..	2,448

Number of children failed and already under treatment:

Aural Clinic	..	..	..	..	..	..	..	177
G.P.	..	..	..	..	..	..	..	3
Hospital	..	..	..	..	..	..	..	19

Number of children referred to:

Aural Clinic	2,118
G.P.	14
Hospital	22

Failed but for retest in school	95
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Number of children failed to attend clinic for retest	379
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Number of failures had pure tone tests at clinic	1,737
--	----	----	----	-------

Number of children failed pure tone test at clinic	1,429
--	----	----	----	-------

Number refused treatment at clinic	2
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Failed test at clinic, referred to:

Aural Surgeon	808
G.P.	14
Hospital	1
For retest at clinic	267

Number of children already under care of:-

Aural Surgeon	..	..	..	..	..	..	..	8
G.P.	..	..	..	..	..	..	..	1
Hospital	..	..	..	..	..	..	..	61

Number of children seen for first time or reviewed by Aural Surgeon:

School Medical Officer referral	..	..	..	..	..	1,426
Sweep Test referral	2,827

Total number seen for the first time or reviewed by Aural Surgeon	..	4,253
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Number of children did not attend to be seen by Aural Surgeon or review	1,054
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Number of children referred for treatment:

Sweep Test Failures

Hospital	763
Politzerisation and review	35
Decongestants and review	549
No treatment advised and review	674
Perceptive deafness and review	69
Others	60
Discharged	330
Parents refused operation consent	91
Referred for x-ray and review	256

School Medical Officer Referrals

Hospital	400
Decongestants and review	237
No treatment advised and review	376
Perceptive deafness and review	77
Others	81
Discharged	255

Total number of children referred for treatment 3,153

Hospital Referrals

T & A	
Adenoidectomy	
Bi-lateral antrum washout	
Myringotomy	
Stopples	
Mastoidectomy	
Tympanoplasty	
TOTAL:	

Sweep Test Failures S.M.O. Referrals

241	127
275	123
62	28
119	70
18	20
2	7
<hr/> 763	<hr/> 400

SPEECH THERAPY

Miss E. Sprayson, Chief Speech Therapist, reports as follows:

STATISTICS

"Number of cases under treatment	967
Number of cases referred for treatment	757
Number of cases opened	595
Number of diagnostic interviews	121
Number who did not attend	99
Number of cases closed	389
Number of cases on the waiting list	241

Lozells

This has continued to be an extremely busy clinic, with 171 referrals during the year. Unfortunately, the attendance rate is low and many children (25) fail first appointments and have then to be followed up with letters and telephone calls to the referee.

During the year 129 children have been seen for interview and of these 100 have been given subsequent appointments for weekly or less regular therapy. 29 cases were seen and advised on helping the child at home.

During the year 2nd year students from the Birmingham School of Speech Therapy attend for clinical training.

Ward End

An appointment was made in September, 1970 to replace Mrs. Boulton. Referrals have increased by 50%, and despite two members of staff the waiting list persists. There has been invaluable help from child guidance clinic staff.

Kings Heath

During the year, 136 children have been referred by school medical officers, Aural Clinic, head teachers and parents. Most of the referrals have been appropriate, but not all require regular treatment and many can be helped by attending only periodically and advice given to parents.

In September, a further member of staff was appointed which has reduced the numbers of children awaiting appointments, although it is still several weeks before they can be offered.

Kingstanding

During the year 71 children have been referred to the Clinic. This shows a considerable increase over last year when only 39 children were referred.

In September 1970 Mrs. Lewis visited schools in the area and it was possible for her to treat 21 children who were on the list at the Clinic.

Of the number under treatment, the greatest proportion are children with retarded speech and language development. This follows the trend which has been noted for several years.

George Road

With the increase of staff it has been possible to reduce the waiting list to 22 and to offer regular appointments for treatment to all children in need of therapy. Since September many children have been seen two or three times weekly. With the co-operation of parents this arrangement has proved most beneficial and improvement in speech and language has been accelerated.

We are most grateful for the help of Educational Psychologists, Psychiatric Social Workers, Psychiatrists, Peripatetic Teachers of the Deaf and the staff of the Aural Clinic for their assistance in the diagnosis and treatment of many of our cases.

Students from the Birmingham School of Speech Therapy and the Leicester School of Speech Therapy have attended the Clinic during the year.

Pre-School Aural Clinic

It has been possible for a Speech Therapist to be present at each session held at the Pre-School Aural Clinic. At the beginning of the year all staff were on the rota for attendance but from September 1st only senior staff have attended.

At each session all children are observed and when necessary tested by the speech therapist. 60 children seen in the Clinic were considered to be in need of further investigation by a speech therapist and arrangements were made for them to be seen at the nearest clinic.

Play Group for Handicapped Children

The play group is run by Miss Lee at the Carnegie Institute one morning per week. Children of pre-school age with physical and/or mental handicaps attend.

The speech therapist attends once a month in order to assess the children's speech and language and to offer advice to mothers and the organisers of the group on encouraging speech and language development.

Maternity and Child Welfare Clinics

During 1970 Tower Hill and Heathfield Road Clinics were visited. These visits were made at the request of the Senior Clinical Medical Officer (Dr. Aidney). At these sessions an attempt was made to assess pre-school children with a view to referral for further assessment or recommendations for consideration for special educational treatment."

Birmingham School of Speech Therapy, Training School Clinic

The training school clinic is held at Bonshaw House on four mornings each week. As stated in our report last year, one of the aims of this clinic is to permit a graded selection of patient intake, in accordance with students' training needs. This means that the clinic cannot function in the same way as the service clinics within the city's School Health Service. The number of children receiving treatment at the Clinic may seem disproportionate to the number of children referred, but as our first responsibility is to the students, this must continue to be the case.

An attempt has been made during the year to introduce intensive treatment for children with severe speech and language difficulties, and a few children attend the clinic three or four times a week. It is hoped in this way to reduce the overall length of time spent in attending the clinic. Several children have attended the clinic for both individual and group sessions. The group sessions are aimed at improving general language skills in association with the more specific individual treatment being received by each child. It is planned that both intensive and group treatment may be more widely used during the next twelve months.

The installation of a video tape recorder has meant that groups of students are able to observe assessment and treatment techniques being administered by training school staff. Filmed records of particularly interesting cases are being kept. One way viewing facilities have recently been completed, and should provide excellent opportunities for observing the children and the students.

In September, a course on the administration of the Reynell Developmental Language Scales was held at Bonshaw House. This course was attended by Speech Therapists working in the Birmingham area.

We are grateful for the co-operation that we have received throughout the year from school medical officers, teachers and health visitors.

MEDICAL INSPECTION AND TREATMENT

Return for the year ended 31st December, 1970

Number of pupils on registers of maintained and assisted Primary and Secondary Schools (including Nursery and Special Schools) in January 1971 as in Forms 7, 7M and 11 Schools 190,552

PART 1—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age groups inspected (By year of Birth)	No. of pupils who have received a full medical examination	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
		No.	No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1966 and later ..	1,482	1,456	26	No selective medical examinations were carried out in 1970.	33	316	370
1965	6,532	6,497	35		178	1,708	1,696
1964	6,294	6,254	40		239	2,164	1,876
1963	2,793	2,772	21		115	835	847
1962	816	804	12		59	331	333
1961	505	502	3		59	227	223
1960	636	634	2		59	241	237
1959	1,857	1,852	5		158	461	569
1958	856	851	5		73	222	267
1957	201	198	3		24	97	81
1956	2,971	2,936	35		398	545	792
1955 and earlier	9,773	9,743	30		1,311	2,007	2,915
TOTAL	34,716	34,499	217		2,706	9,154	10,206

Column (3) total as a percentage of Column (2) total 99.37%

Column (4) total as a percentage of Column (2) total 0.63%

TABLE B—OTHER INSPECTIONS

Number of special inspections	16,630
Number of re-inspections	7,305
TOTAL	23,935

TABLE C—INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	384,861
(b) Total number of individual pupils found to be infested	13,999
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	1,625
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	1,653

PART II—DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS
DURING THE YEAR

Defect Code No. (1)	Defect or Disease (2)					Periodic Inspections				Special Inspection
						Entrants	Leavers	Others	Total	
4	Skin	T	783	816	422	2,021	4,607			
		O	275	170	120	565	157			
5	Eyes—a. Vision .. .	T	650	1,709	347	2,706	1,015			
		O	400	412	177	989	144			
	b. Squint .. .	T	550	88	119	757	239			
		O	202	37	57	296	238			
	c. Other .. .	T	99	50	54	203	362			
		O	63	74	42	179	37			
6	Ears—a. Hearing .. .	T	498	114	174	786	409			
		O	370	75	79	524	47			
	b. Otitis Media .. .	T	125	42	38	205	155			
		O	84	19	31	134	10			
	c. Other .. .	T	126	78	41	245	214			
		O	113	67	54	234	26			
7	Nose and Throat .. .	T	635	138	181	954	274			
		O	854	148	220	1,222	113			
8	Speech	T	224	39	127	390	203			
		O	324	35	99	458	56			
9	Lymphatic Glands .. .	T	21	2	2	25	35			
		O	365	110	130	605	41			
10	Heart	T	43	18	35	96	52			
		O	151	63	74	288	34			
11	Lungs	T	535	155	214	904	506			
		O	269	108	83	460	83			
12	Developmental—a. Hernia .. .	T	98	18	27	143	30			
		O	87	17	12	116	6			
	b. Other .. .	T	250	255	168	673	335			
		O	273	179	164	616	48			
13	Orthopaedic—a. Posture .. .	T	72	138	61	271	183			
		O	172	239	130	541	102			
	b. Feet .. .	T	323	164	125	612	640			
		O	365	203	161	729	140			
	c. Other .. .	T	198	119	124	441	442			
		O	191	104	106	401	67			
14	Nervous System—a. Epilepsy	T	42	39	40	121	61			
		O	31	9	13	53	6			
	b. Other .. .	T	88	51	76	215	98			
		O	125	30	52	207	25			
15	Psychological—a. Development	T	100	29	73	202	280			
		O	235	73	137	445	44			
	b. Stability .. .	T	178	91	130	399	487			
		O	586	191	287	1,064	119			
16	Abdomen	T	96	56	41	193	155			
		O	88	49	38	175	33			
17	Other	T	482	340	213	1,035	2,639			
		O	209	121	109	439	306			

T—Number of pupils found to require treatment.

O—Number of pupils found to require observation.

PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

								<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	..	..	..	..	..	..	..	900
Errors of refraction (including squint)	..	..	..	..	..	..	..	4,962
TOTAL	..	..	..	..	..	..	..	5,862
Number of pupils for whom spectacles were prescribed	..	..	..	..	..	..	..	9,932

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

								<i>Number of cases known to have been dealt with</i>
Received operative treatment:-								
(a) for diseases of the ear	..	..	..	..	..	..	..	668
(b) for adenoids and chronic tonsillitis	..	..	..	..	..	..	..	3,038
(c) for other nose and throat conditions	..	..	..	..	..	..	..	351
Received other forms of treatment	..	..	..	..	..	..	..	3,232
TOTAL	..	..	..	..	..	..	..	7,289
Total number of pupils still on the register of schools at 31st December 1970 known to have been provided with hearing aids:-								
(a) during the calendar year 1970	..	..	..	..	..	..	..	62
(b) in previous years	..	..	..	..	..	..	..	415

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

								<i>Number known to have been treated</i>
(a) Pupils treated at clinics or out-patients departments	..	..	..	..	..	..	..	2,712
(b) Pupils treated at school for postural defects	..	..	..	..	..	..	..	497
TOTAL	..	..	..	..	..	..	..	3,209

TABLE D—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I)

									<i>Number of pupils known to have been treated</i>
Ringworm—(a) Scalp	..	..	..	..	..	..	..	..	590
(b) Body	..	..	..	..	..	..	..	..	114
Scabies	..	..	..	..	..	..	..	..	3,691
Impetigo	..	..	..	..	..	..	..	..	946
Other skin diseases	..	..	..	..	..	..	..	..	6,647
TOTAL	..	..	..	..	..	..	..	..	11,988

TABLE E—CHILD GUIDANCE TREATMENT

								<i>Number known to have been treated</i>
Pupils treated at Child Guidance clinics	..	..	..	..	..	..	..	900

TABLE F—SPEECH THERAPY

								<i>Number known to have been treated</i>
Pupils treated by speech therapists	..	..	..	..	..	..	..	1,158

TABLE G—OTHER TREATMENT GIVEN

									<i>Number known to have been treated</i>
(a) Pupils with minor ailments	..	..	..	..	..	..	..	..	7,871
(b) Pupils who received convalescent treatment under School Health Service arrangements	..	..	..	..	..	..	..	..	15
(c) Pupils who received B.C.G. vaccination	..	..	..	..	..	..	..	..	12,679
(d) Other than (a) and (c) above									
Asthma	..	..	..	..	..	..	..	..	1,146
U.V.R.	..	..	..	..	..	..	..	..	624
Chiropody	..	..	..	..	..	..	..	..	699
TOTAL (a)—(d)									23,034

Screening Tests of Vision and Hearing

Vision testing is carried out as a routine by school nurses and children are tested during their first year at school and at the ages of 7, 9, 11, 13 and 15.

Colour vision testing of both boys and girls at the age of 10 is carried out by school medical officers.

Specialist aural nurses undertake the routine audiometric testing of school entrants during their first year at school. This is followed where necessary by further investigation and treatment at the Aural Clinic.

SECTION 3 — INFECTIOUS DISEASES AND IMMUNISATION

TUBERCULOSIS

Dr. V. H. Springett, Medical Director of the Birmingham Chest Services reports:-

“Notifications

One hundred and fourteen children of school age or less were notified as suffering from tuberculosis during the year, a reduction of 13 compared with the previous year. Seventy-three of these children were born in the British Isles, 50 to parents also born in these islands, 23 to parents born elsewhere. The remaining 41 children were themselves immigrants to this country, mostly from India and Pakistan.

Mortality

One child age six years died from the sequelae of tuberculous meningitis: the original tuberculous illness occurred whilst the child was resident in another area, three weeks after first entering this country.

Hospital Treatment

The ward for treatment of children with tuberculosis at East Birmingham Hospital, Chest Branch, has continued in full and active use. The excellent arrangements for their continued schooling have been maintained. A total of 94 children were admitted during the year.

NOTIFICATIONS OF TUBERCULOSIS (ALL FORMS) IN CHILDREN IN BIRMINGHAM 1970

Place of birth of parents				Age group of children notified (years)				No. of children born in U.K.
				0—4	5—9	10—14	0—14	
U.K.	..	..	..	20	13	9	42	42
Ireland	..	..	..	4	2	3	9	8
Pakistan		..	..	13	6	11	30	9
India	..	..	..	8	1	12	21	7
British Caribbean		..		6	1	0	7	7
Other	..	..	..	1	0	4	5	0
				52	23	39	114	
No. of children born in								
U.K.	..	..	..	44	18	11	—	73

ANNUAL NOTIFICATIONS AND DEATHS FROM TUBERCULOSIS IN CHILDREN OF SCHOOL AGE OR LESS

Years	Notifications			Totals	Deaths
	0—4	5—9	10—14	0—14	5—14
1936-40	65	41	34	140	21
1941-45	78	44	36	158	22
1946-50	95	66	52	213	16
1951-55	89	87	65	241	4
1956-60	61	45	45	151	1
1961	50	37	27	114	0
1962	61	34	30	125	1
1963	41	32	33	106	0
1964	58	47	30	135	0
1965	42	24	15	81	0
1966	57	31	28	116	0
1967	62	36	35	133	0
1968	64	39	38	141	1
1969	54	36	37	127	0
1970	52	23	39	114	1"

SCHOOL CHILDREN X-RAYED DURING 1970

Children who gave a positive reaction to Mantoux tests and those whose parents refused this test, as well as some other children, were offered chest X-rays in order to exclude tuberculosis. These X-rays were carried out at the Chest Radiology Centre, (Medical Director: Dr. L. A. McDowell.)

Analysis of Chest X-ray findings

A. Children with positive reaction to the Mantoux Test

Number given appointments	1,793
Number X-rayed	1,693 (94%)

Tuberculosis found

Referred to Chest Clinic			
Active lesions	6 (3.5 per 1,000)	}	8
Inactive but under supervision	2		
Inactive lesions not referred	2		

Non-Tuberculous Abnormalities

Referred to Chest Clinic or Hospital	4
Not referred	3

B. *Other Children (Refusers, Absentees, etc.)*

Number given appointments	..	..	..	2,127
Number X-rayed	1,071 (50%)

Tuberculosis Found

Inactive lesions not referred	1
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Non-Tuberculous Abnormalities

Referred to Chest Clinic or Hospital	2	
Not referred	—

In addition to the above, 46 Students from a college of further education were X-rayed. Two students had abnormal X-rays showing active tuberculosis.

B.C.G. VACCINATION

School Children (13 years old)

During the year 11,608 children had B.C.G. vaccination in schools as compared with 12,088 in 1969.

The parents of 15,279 children were approached and of these 14,488 (94.8%) accepted the skin test and vaccination with B.C.G.

During the period 14,359 were skin tested. Of these 1,027 had been previously vaccinated either through contact clinics or by special request in this city or elsewhere.

Children not previously vaccinated

Skin test performed	..	..	..	..	..	..	..	13,332
Positive	..	..	..	..	..	..	..	781
Doubtful	..	..	..	..	..	..	..	5
Failed to attend for reading of test				..	..	..	..	896
Negative	..	..	..	..	..	..	..	11,650
Vaccinated with B.C.G.	..	..	..	..	..	..	..	11,608

Forty-two children who gave a negative reaction to skin test were not vaccinated for various reasons, swimming, illness etc. A number of these were later tested and vaccinated.

Children who had previously been vaccinated

Skin tests performed	..	..	..	..	..	..	..	1,027
Positive	..	..	..	..	..	..	..	1,005
Doubtful	..	..	..	..	..	..	..	2
Failed to attend for reading of test				..	..	..	..	3
Negative	..	..	..	..	..	..	..	17
								(16 re-vac.)

A sample of children from each school vaccinated with B.C.G. during the previous year was given a skin test.

Conversion tests performed	..	..	..	..	..	..	913
Converted	..	..	..	..	..	..	783 (95.1%)
Negative	..	..	..	..	..	..	25
Doubtful	..	..	..	..	..	..	15
Failed to attend for reading of test	..	..	..	..	..	..	90

During 1967 the School Health Service initiated a scheme for the examination of newly arrived immigrant children about to commence school. The examination includes a Heaf test performed by the School nurse. Grade three and four tuberculin positives are referred to the Chest Clinic by the School Health Service but negatives and grade one and two positives are referred to the Immunisation Section for further examination.

Skin tests performed	..	..	..	..	..	..	1,541
Positive	..	..	..	..	..	..	507
Doubtful	..	..	..	..	..	..	2
Failed to attend for reading of test	..	..	..	..	..	..	103
Negative	..	..	..	..	..	..	929
Vaccinated with B.C.G.	..	..	..	..	..	..	928

This group includes a substantial number of children apparently already vaccinated with B.C.G. although an accurate history is not always obtainable.

In July, 1970, it became public policy to offer rubella vaccination to girls between their 11th and 14th birthdays, with priority to be given in the first instance, to 13 year old girls. The Department of Health & Social Security has made supplies of vaccine available to local health authorities. Vaccination has been carried out almost entirely in schools: the acceptance rate in those schools visited by the end of the year was almost 80 per cent.

Girls vaccinated by the Public Health Department in accordance with public policy	4,819
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INFECTIOUS DISEASES

The medical officers and nurses visit the schools for special investigation when cases of infectious disease occur and appropriate action is taken. Where indicated, medical officers visit the schools for special investigation.

INFECTIOUS DISEASES AMONG SCHOOLCHILDREN

<i>Disease</i>	<i>Sex</i>	<i>5—9 years</i>	<i>10—14 years</i>	<i>Total</i>
Acute meningitis	M	7	3	10
	F	3	2	5
Dysentery	M	21	8	29
	F	26	3	29
Food poisoning	M	6	4	10
	F	3	2	5
Infective jaundice	M	45	24	69
	F	54	32	86
Measles	M	1213	40	1253
	F	1155	34	1189
Paratyphoid fever	M	—	1	1
	F	—	—	—
Scarlet fever	M	63	10	73
	F	65	15	80
Typhoid fever	M	—	1	1
	F	1	1	2
Whooping cough	M	127	12	139
	F	152	13	165

SECTION 4

CAUSES OF DEATH OF SCHOOL CHILDREN

Cause of Death	M	F
Anaemia	1	—
Appendicitis	1	1
Bronchitis	1	—
Cancer	5	4
Congenital debility, premature birth, malformations etc.	2	2
Heart disease	1	—
Intestinal obstruction	—	1
Measles	—	1
Meningitis	—	1
Pneumonia	1	—
Tuberculosis non respiratory	—	1
Whooping cough	—	1
Intestinal obstruction	—	1
Accidents	19	7
Other causes	9	2

FATAL ACCIDENTS AMONG SCHOOL CHILDREN

5—14 YEARS INCLUSIVE

<i>Type of accident</i>	<i>Sex</i>	<i>5—9 years</i>	<i>10—14 years</i>
Motor vehicle traffic accidents to pedestrians	M	9	1
	F	3	1
Other vehicle traffic accidents	M	—	1
	F	—	2
Accidental drowning	M	4	2
	F	—	—
Other accidents	M	—	2
	F	—	1

SECTION 5 — HANDICAPPED PUPILS

MEDICAL SUPERVISION OF SPECIAL SCHOOLS

The medical supervision of the Special Schools undertaken by several of the medical officers continues to justify the new system introduced last year. Each of the schools is the responsibility of one of the medical officers so that the progress and welfare of each individual child is kept under close review.

MEDICAL SUPERVISION OF DISABLED PERSONS

The scheme introduced by the Principal Medical Officer of the Department of Education and Science has continued to function and school medical officers are exercising medical supervision of students under the training scheme for disabled persons attending technical colleges.

BIRMINGHAM CHILDREN ON REGISTERS OF SPECIAL SCHOOLS MAINTAINED BY THE AUTHORITY AS AT DECEMBER, 1970

Educationally Sub-normal Children

Residential	..	..	..	..	..	..	..	..	..	190
Day	..	..	..	..	..	..	..	..	..	1,313

Maladjusted Children

Residential	..	..	..	..	..	..	..	..	..	62
Day	..	..	..	..	..	..	..	..	..	47

Deaf and Partially Hearing Children

Day	155
-----	----	----	----	----	----	----	----	----	----	-----

Partially Sighted Children

Day	111
-----	----	----	----	----	----	----	----	----	----	-----

Delicate Children

Residential	..	..	..	..	..	..	..	..	..	213
Day	..	..	..	..	..	..	..	..	..	153

Physically Handicapped Children

Residential	27
Day	222

Hospital Schools	120
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Handicapped Pupils (Maladjusted) Boarded in Hostels Maintained by the Education Committee

..	12
----	----	----	----	----	----	----

EXTRA DISTRICT CHILDREN ATTENDING BIRMINGHAM SPECIAL SCHOOLS AS AT DECEMBER, 1970

Educationally sub-normal children	..	..	..	..	..	..	15
Deaf and partially hearing children	..	..	..	..	..	..	111
Partially sighted children	..	..	..	..	..	..	62
Delicate children	..	..	..	..	..	..	5
Physically handicapped children	..	..	..	..	..	..	97
Children at hospital special schools	..	..	..	..	..	..	57
Maladjusted children	..	..	..	..	..	..	—

RESULTS OF SPECIAL EXAMINATIONS 1970

Results of examinations of children during the year with a view to their receiving or continuing to receive special educational treatment.

Number of children seen	..	..	..	..	..	..	..	1,252
Recommended for day (E.S.N.) school	..	..	..	..	..	..	..	231
Recommended for residential (E.S.N.) school	..	..	..	..	..	..	..	28
Recommended for residential open-air school	..	..	..	..	..	..	..	65
Recommended for day open-air school	..	..	..	..	..	..	..	143
Recommended for residential (P.H.) school	..	..	..	..	..	..	..	6
Recommended for day (P.H.) school	..	..	..	..	..	..	..	34
Recommended for residential school for epileptics	..	..	..	..	..	..	..	4
No action	..	..	..	..	..	..	..	45
To stay in special school	..	..	..	..	..	..	..	65
For trial in ordinary school	..	..	..	..	..	..	..	53
To stay in ordinary school	..	..	..	..	..	..	..	65
To leave special (E.S.N.) schools in order to take up employment	..	..	..	..	..	..	..	18
To leave open-air schools to take up employment	..	..	..	..	..	..	..	16
Decision deferred	..	..	..	..	..	..	..	156
To be excluded from school temporarily	..	..	..	..	..	..	..	1
Recommended for exclusion under Section 57(4) of the Education Act 1944	..	..	..	..	..	..	..	99
Recommended for home teaching	..	..	..	..	..	..	..	175
Recommended for Carlson House School for Spastics	..	..	..	..	..	..	..	6
Recommended for maladjusted schools	..	..	..	..	..	..	..	42

ASCERTAINMENT AND PLACINGS OF HANDICAPPED CHILDREN 1970

	(1) <i>Blind</i> (2) <i>Partially Sighted</i>		(3) <i>Deaf</i> (4) <i>Partially Hearing</i>		(5) <i>Physically Handicapped</i> (6) <i>Delicate</i>		(7) <i>Maladjusted</i> (8) <i>Educationally Sub-Normal</i>		(9) <i>Epi- leptic</i>	(10) <i>Speech Defects</i>	(11) <i>Total</i>
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. Handicapped pupils newly placed in special schools or boarding homes	—	18	25	18	61	163	48	275	1	7	616
B. Handicapped pupils newly ascertained as needing education at special schools or in boarding homes	—	20	16	26	62	285	42	322	1	2	776

BIRMINGHAM CHILDREN IN SPECIAL SCHOOLS NOT MAINTAINED BY THE EDUCATION COMMITTEE AS AT 1st DECEMBER, 1970

Blind and partially sighted pupils	31
Deaf and partially hearing pupils	..	..	..	..	..	..	..	..	..	40
Epileptic pupils..	..	..	..	..	..	..	..	..	..	17
Physically handicapped pupils	..	..	..	..	..	..	..	..	..	25
Spastic pupils	..	..	..	..	..	..	..	..	..	44
Educationally sub-normal pupils	..	..	..	..	..	..	..	..	..	15
Pupils with speech defects	..	..	..	..	..	..	..	..	..	2
Delicate pupils	..	..	..	..	..	..	..	..	..	1
Maladjusted pupils	..	..	..	..	..	..	..	..	..	22

SCHOOLS FOR THE PARTIALLY SIGHTED

Mr. Mark Tree reports:-

“I noted in my report for the previous year that there was an increasing demand for admission to our two schools for the partially sighted which had then attained a total of 159 pupils. The past year has seen a further increase in admissions and we now have a total of 172 pupils consisting of 115 boys and 57 girls.

I am, as usual, greatly indebted to the heads of the two schools, Miss Cox and Mr. Challacombe for statistical details. I am also glad to record their continuing and helpful co-operation in assessing the potentials and progress of their handicapped pupils."

New admissions during the year total	..	..	..	..	32 pupils
Transfer between schools	..	..	..	..	3 ..
Left school to commence work	..	..	..	..	9 ..
Transfer to normal schools	..	..	..	..	7 ..
Transfer to residential school (Exhall)	..	..	..	..	3 ..
To College of Food and Domestic Art	..	..	..	..	1 ..
Removed from Birmingham	..	..	..	..	2 ..

SPECIAL SERVICES AFTER-CARE SECTION

The after-care section carries out regular visitation of leavers from all types of special schools at least until the age of 18, and assists former pupils of whatever age who may, in later years, appeal for assistance.

The aim of the staff is to help the handicapped young person to find his place in employment in the community and in his own family.

An increasing shortage of work suitable for the handicapped has given rise to much concern and anxiety during the period covered by this report. The subnormal school-leaver in particular finds himself at a heavy disadvantage in a period of economic recession, and it has become clear that some young people on the border-line of employability will need to be provided with occupation and training for an indefinite period as an alternative to employment.

In this situation the need for places in training centres of all kinds far exceeds the number at present available. Thanks to the co-operation of the Mental Health Service and the Welfare Section of the Social Services Department, the Birmingham Industrial Therapy Association, the Spastics Society and Monyhull Hospital, the majority of unemployable cases were being catered for in centres, up to the end of the year 1970, but waiting lists are growing.

Through the perseverance of the after-care visitors valuable liaison has been established with many firms in the area and a number of difficult cases have thereby been found employment. Tribute must also be paid to the visitors for intensive work carried out at irregular hours in households where some major crises have developed.

1970 School Leavers under Supervision

Left schools for the educationally sub-normal:

Boys	..	..	..	..	..	..	..	..	..	89
Girls	..	..	..	..	..	..	..	..	..	75

Left schools for other handicaps:

Boys	..	..	..	..	..	..	..	..	..	74
Girls	..	..	..	..	..	..	..	..	..	33

Had home teaching:

Boys	..	..	..	..	..	..	..	..	..	9
Girls	..	..	..	..	..	..	..	..	..	19

Left ordinary schools:

Boys	..	..	..	..	..	..	..	..	..	4
Girls	..	..	..	..	..	..	..	..	..	6

309

Pre 1970 school-leavers continuing under supervision:

Left schools for the educationally sub-normal:

Boys	..	..	..	..	..	..	..	..	..	252
Girls	..	..	..	..	..	..	..	..	..	174

Left schools for other handicaps: ..

Boys	..	..	..	..	..	..	..	..	..	96
Girls	..	..	..	..	..	..	..	..	..	64

Had home teaching:

Boys	..	..	..	..	..	..	..	..	..	14
Girls	..	..	..	..	..	..	..	..	..	20

Left ordinary Schools:

Boys	..	..	..	..	..	..	..	..	..	7
Girls	..	..	..	..	..	..	..	..	..	7

634

JUNIOR TRAINING CENTRES FOR MENTALLY HANDICAPPED CHILDREN

Since the opening last year of the second large centre at Newtown, both there and at Kingstanding numbers have been building up to the maximum of 105. Staff shortage continues but both these centres are now functioning well and the children and staff are deriving great benefit from the additional facilities which are available there. As a result of off-loading the older children to Kingstanding, the Erdington centre has now a much better child/teacher ratio, and because of this a great deal of valuable work has been put in with the multiply handicapped and children with major learning problems. There are still a large number of children in junior training centres who are over 16 years of age, and it is hoped that the plans for additional Adult Training Centre facilities will alleviate this problem.

During the latter half of the year, a clinic has been set up at Kingstanding and Erdington centres on a once per month basis, when a Mental Welfare Officer has been in attendance to help and advise on parents' problems as well as providing a vital link between centre and home. It is hoped to introduce this idea to other centres as soon as it is practicable.

The impending transfer of responsibility is causing some concern amongst both staff and parents, and much is being done to ensure that this change-over will go as smoothly a possible for all concerned.

NUMBERS ATTENDING JUNIOR SPECIAL TRAINING CENTRES

Centre	Under 16		Over 16		Totals
	M	F	M	F	
Erdington	24	17	—	—	41
Fox Hollies	25	15	13	9	62
Selly Oak	21	23	8	5	57
Newtown	32	16	13	7	68
St. Luke's	23	22	8	7	60
Kingstanding	24	9	27	27	87
Stechford	36	24	—	—	60
Totals	185	126	69	55	435

CAREERS ADVICE AND EMPLOYMENT OF HANDICAPPED YOUNG PEOPLE

Mr. H. Heginbotham, Organiser of Youth Employment, reports:-

“During the year careers advisers gave first interviews to 301 handicapped young people in the Authority’s schools and in independent institutions in order to advise them on further education, training and choice of employment. The total includes extra-district children who were interviewed by careers advisers while attending schools maintained by the Education Committee and whose record cards were subsequently transferred outside the city. Although there has been a decrease in the numbers of young people given first interviews, it should be noted that first interviews reflect only a small part of careers work with handicapped school leavers. Most young people are seen several times at school and contact is maintained when they leave school. There has also been a decrease in the number of handicapped young people interviewed in secondary schools. A separate analysis according to handicap has been made of such young people.

It may be of interest to give progress reports on two young men who were mentioned in the Annual Report for 1969. The young man suffering from polyneuropathy eventually started work in April 1970 assembling fancy goods but was dismissed on the grounds that

he was too slow. He has been working for the past seven months as a trainee electrical repairer with a firm of hearing aid suppliers and appears to be making satisfactory progress. The asthmatic boy, who was attending a local technical college, obtained two additional 'A' level passes, one at Grade A and one at Grade B and an 'S' level pass, and is now reading for a philosophy degree at university.

Continuing use has been made of further assessment facilities, provided both by the Department of Employment and by voluntary organisations, in cases where there is doubt as to the most suitable course of action.

Before leaving school, a boy who was born without arms was referred to Portland Training College for the Disabled to determine whether he was capable of undertaking any form of vocational training. While at the college he was assessed on watch and clock repairing as well as clerical work, and demonstrated a remarkable ability to use his feet. However, following the college recommendation, he has recently commenced in the Further Education Section and will progress to clerical training within a year.

There are some young people who experience difficulty in work some time after they have left school. For instance, a girl who had mild cerebral palsy, a hearing loss, a speech defect and was educationally sub-normal left school in March 1969. She was placed in work as an assembly worker with a sympathetic firm but after five weeks was dismissed as she was unable to work at the required speed. She was then placed as a kennel maid and was very happy doing this work. However, after nine months a change in the management and several misunderstandings led to her leaving her job. In February 1970, as it proved impossible to find other work with animals, the Careers Adviser suggested a course at the Industrial Rehabilitation Unit and she commenced in May 1970. The Unit found that she would be better placed in a sheltered environment and the Spastics Society was therefore approached to see if she could be found a place at their sheltered workshop. Following an assessment by the Spastics Society, it was recommended that she should go to the Society's Sherrads industrial rehabilitation centre for a period of six months, and she is shortly to take up a place there.

Among the more unusual cases this year, was a 19 year old girl who had left a grammar school for the deaf. She was studying part of a textile design course at a college of art, her hearing not being good enough to cope with the whole course. She requested help in finding a part-time job as she was not eligible for a grant. After a number of enquiries had proved abortive, a freelance textile designer was found and she was offered a job on a part-time basis.

Careers advisers are concerned with the whole person, and this leads them to consider the leisure time needs of handicapped young people. Those who have been attending schools outside the city have few friends when they return home and even those who have attended Birmingham schools may find they lose contact with school friends. Several young people have been put in touch with the Ladywood Physically Handicapped and Able Bodied Club and are now keen members. Two of them, both girls suffering from cerebral palsy, successfully completed a twenty-mile sponsored walk.

Each year there are a number of very severely handicapped school leavers who are not capable of employment either in open or in the existing sheltered conditions and who attend day centres provided by the local authority and by voluntary organisations.

During the year the Specialist Senior Careers Adviser (Handicapped Pupils) has been invited to give talks to teachers on the Diploma in Special Education Course, students on the Youth Employment Service Diploma Course, on the Occupational Health Nursing Course, and to students from the Welfare Department and from Colleges of Education.

As in previous years, tribute is paid to the co-operation which careers advisers receive from many individuals and organisations especially the School Health Service and the staffs of special schools. This co-operation is of vital importance; the vocational guidance and placement of handicapped young people involves close and continuous team work."

TABLE I

Number of 1st interviews during the year 1st January, 1970 to 31st December, 1970 (1969 figures in brackets).

	Boys	Girls	Total
Birmingham Special Schools:-			
E.S.N.	91 (107)	77 (82)	168 (189)
Physically handicapped	11 (14)	11 (9)	22 (23)
Deaf	16 (16)	11 (13)	27 (29)
Partially sighted	4 (4)	6 (4)	10 (8)
Delicate	9 (11)	2 (2)	11 (13)
Maladjusted	8 (8)	4 (4)	12 (12)
Hospital	— (2)	— (—)	— (2)
Home teaching	5 (3)	5 (14)	10 (17)
Special Units in Secondary Schools ..	6 (7)	2 (4)	8 (11)
Handicapped children in Secondary Schools: (see Table II below) ..	10 (27)	7 (11)	17 (38)
Other Special Schools:	8 (29)	8 (7)	16 (36)
TOTAL	168 (228)	133 (150)	301 (378)

TABLE II

HANDICAPPED YOUNG PEOPLE IN SECONDARY SCHOOLS

	Boys	Girls	Total
Eye defect	1	—	1
Hand and arm defects	3	1	4
Cerebral palsy	2	1	3
Post-polio defects	1	2	3
Spina bifida	—	1	1
Arthrogryphosis	1	—	1
Kypho-scoliosis	1	—	1
Polyneuritis	—	1	1
Diabetes	—	1	1
Epilepsy	1	—	1
TOTAL	10	7	17

TABLE III
ANALYSIS OF REGISTER OF DISABLED PERSONS
(1969 figures in brackets)

<i>Disability</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Amputation:			
one arm (including partial) ..	1 (2)	1 (2)	2 (4)
one leg	2 (—)	— (—)	2 (—)
Arthritis and rheumatism	— (1)	1 (1)	1 (2)
Diseases of the digestive system ..	— (—)	1 (—)	1 (—)
Diseases of the heart and circulatory system	— (—)	4 (7)	4 (7)
Bronchitis, asthma, etc.	7 (8)	— (1)	7 (9)
Diseases of the skin	1 (1)	— (1)	1 (2)
Ear Defects:			
Deaf without speech	5 (2)	— (1)	5 (3)
Deaf with speech	5 (4)	4 (4)	9 (8)
Hard of hearing	2 (—)	2 (3)	4 (3)
Eye Defects:			
Blind totally	— (2)	— (—)	— (2)
Others	6 (8)	1 (1)	7 (9)
Injuries to head, face, neck, throat ..	1 (—)	1 (—)	2 (—)
Diseases, Injuries, Deformities of:			
Upper limb	1 (4)	1 (2)	2 (6)
Lower limb	4 (4)	5 (2)	9 (6)
Paralysis of lower portion of body	1 (2)	3 (1)	4 (3)
Other spinal diseases and injuries ..	1 (—)	3 (2)	4 (2)
Mental Disorders:			
Anxiety states—Hysteria ..	1 (—)	— (—)	1 (—)
Mental sub-normality	3 (5)	1 (4)	4 (9)
Epilepsy	9 (15)	6 (11)	15 (26)
Other organic nervous diseases ..	4 (4)	3 (3)	7 (7)
Other general diseases not mentioned above, e.g. leukaemia, anaemia, etc.	1 (4)	3 (4)	4 (8)
Obesity, diabetes, etc.	1 (—)	1 (—)	2 (—)
TOTAL	56 (66)	41 (50)	97 (116)

SPEECH THERAPY IN SPECIAL SCHOOLS

The following reports have been received from therapists visiting the schools.

Schools for Physically Handicapped Children

The Brays

Brays School is visited twice a week by a member of staff of the Birmingham School of Speech Therapy, accompanied by a final year student for one of these sessions. Observation and experience of the multiply handicapped child is an essential part of the students' practical training, and we are grateful for the facilities that The Brays offers.

The speech therapist, physiotherapist, and teaching staff have worked closely together in the treatment programmes for many of the children and this has proved of immense value. The parents of several children have been interviewed, which has allowed carry over of specific techniques into the home situation. This close co-operation of people involved in the progress of the children, has helped to utilise the small amount of time spent in the school by the Speech Therapist to its maximum.

The Victoria

The school has been visited one day a week since September. Although this is an improvement on last year, it is still inadequate in a school where there are many children in need of daily speech therapy.

It was felt that the problem might be partially overcome by placing some children exhibiting similar problems and needs, in groups for language work. Each child was individually assessed and its specific needs were discussed with the teachers, who would supplement treatment and group work in the classroom situation. Some work has been done within the classroom itself, for example, talking to, and extracting speech from a child while engaged in some activity. This has been found more successful at the nursery stage.

The teachers' co-operation has been invaluable and it was found that they welcomed any suggestions made by the speech therapist.

Much of the work with the cerebral palsied children has been done in liason with physio-therapists, for whose advice, assistance and many helpful suggestions we are extremely grateful.

The Wilson Stuart

Eight children have been seen for regular therapy during the year and four children for assessment. Regular discussions with class teachers have resulted in maximum improvement of all children selected for therapy. Children not seen regularly are seen in class and teachers and nursery assistants have given valuable help to children in need of language stimulation. Whenever possible the reception class is visited and children observed and helped doing various classroom activities.

Schools for Delicate Children

The Pines

Five children were seen for regular treatment in the half day session of the Spring term. Progress has been possible due to co-operation of the staff in continuing language programmes begun during the Winter term when the school was visited for two days a week.

Haseley Hall

Children under treatment during the year include:

One child suffering from cerebral palsy. One child with language retardation. Two children with deviant articulation.

The Shenstone

Eleven children have received speech therapy during the year:-

One autistic boy of nine who has now acquired adequate speech and language.

One girl suffering from elective mutism who is now conversing freely and being treated for simple dyslalia.

Two six year old boys are being treated for deviant articulation.

Two boys with retarded speech and language development have now acquired adequate speech and language.

One seven year old boy with a mild spastic hemiplegia is being treated for dysarthric speech.

Two boys of five were given treatment earlier in the year to increase their fluency and confidence.

One ten year old boy with gross reading and articulation problems is now improving with reading but spontaneous speech is still poor.

One seven year old girl with dyslalic speech has been temporarily suspended awaiting the growth of front teeth.

The acquisition by the school of a Language Master has been of great assistance in treatment.

Uffculme Open Air School

Approximately one third of the children at this school, excluding the Units, require help with speech and language disorders. Until September, when a further member of staff was appointed, it was impossible to see all these children every week, but the situation towards the end of the year has improved greatly and the school is now visited by a speech therapist at least four times per week. In addition to the children in the school, children in the Language Unit, opened in September 1969, are seen regularly.

When the Language Unit opened it was envisaged that it should provide special help for those children with speech and language disorders whose hearing and intelligence had been tested and found to be normal. Unfortunately, the Unit has not fulfilled the original hopes for it and the criteria for admission to it have been disregarded. This means that although there are some children in the Unit who would benefit by the placement offered them, there are others who are below average intelligence and whose behaviour is unsuited to a group situation. Several of the children with behaviour difficulties require constant individual supervision which means that it is impossible to work with all the children in a group. These children also distract the others and deprive them of the attention from which they would benefit so much.

As the Language Unit at Uffculme is, at present, the only one of its kind in the City it is essential that places are given only to those children who are going to benefit most so that they might improve sufficiently to move them on to a primary school with normal-speaking children, and thus the maximum number of children could benefit.

It has been suggested that there should be a placement panel to discuss the suitability of future referrals, and the inaugural meeting of this panel is eagerly awaited.

Schools for Educationally Sub-normal Children

The Collingwood

The school was visited two days each week from October to the end of the Autumn term. Ideally children would have received speech therapy twice weekly but owing to the great number requiring treatment, this was impossible to arrange. In all 68 children were seen for assessment and of these 26 received regular help. Most children had language as well as speech problems.

As the school was not to be visited the following term; with the co-operation of teachers, speech programmes were devised so that speech work could be reinforced and continued in the therapists' absence.

Twice weekly visits will be resumed in the Summer term, 1971.

The Mayfield

This school has continued to be visited for one session a week. It is only possible in this time to see children for regular therapy and others are seen at less regular intervals.

The staff have been extremely helpful and the majority of children are helped by the class teacher reinforcing the therapist's work.

Towards the end of the year group work was begun in one of the senior classes, in conjunction with the head and class teacher. Work was carried out on projection and clearness of speech and language for social situations. This proved to be beneficial and it is hoped to continue this in other classes in 1971.

Hallmoor

Although this school has been visited for two days a week during the Spring term, it still remains inadequate for the many children who need intensive language stimulation.

However, it has been possible to see many more children for regular treatment and to establish closer liaison with the staff. Due to their help, greater continuity has been given to therapy.

The Hamilton

The school was visited on two occasions in 1970 in order to assess the children needing speech therapy.

It is hoped that the school will be visited on a more regular basis in 1971.

The Dame Ellen Pinsent

Since September the school has been visited regularly for two half-day sessions. Many of the children have speech and language difficulties, but it is possible to treat regularly only those who have the most severe problems.

The Queensbury

Queensbury has been visited two days a week since September, after a gap of several years without a speech therapist.

Of the 33 children referred for assessment, 19 were taken on for treatment, (some of this number receiving group treatment.)

Most of the treatment has been concentrated at the lower end of the school, with much of the work being carried out in the reception class.

Some group treatment was undertaken, and work within the classroom itself. On the whole, the outcome of treatment with some of the older children has not been too successful, as the staff have very little time to supplement work within the classroom.

St. Francis

During the Autumn term the sessions were increased from two to four, and cut to one during the Spring term. The children made more progress with intensive help and there was some co-operation from the teaching staff in carrying over treatment programmes.

Springfield House

The school has been visited by two therapists 18 times during the year. At the request of the Headmaster all children were seen for assessment. This proved to be very time consuming and children could not be seen for individual therapy. It was possible to plan treatment programmes for four children. These children made progress with regular help from a member of staff.

HOME TEACHING SERVICE

Numbers of children who received tuition at home—January 1st to December 31st, 1970.

Accidents, fractures etc.	..	..	..	..	..	..	..	32
Cerebral palsy	..	..	..	..	..	..	..	4
Epilepsy	..	..	..	..	..	..	..	6
Dystrophy	..	..	..	..	..	..	..	4
Nervous disorders, emotional disturbance etc.	..	..	..	..	..	..	..	65
Orthopaedic conditions (various)	..	..	..	..	..	..	..	28
Cystic fibrosis	..	..	..	..	..	..	..	3
Haemophilia	..	..	..	..	..	..	..	3
Congenital heart abnormality	..	..	..	..	..	..	..	5
Acquired heart abnormality	..	..	..	..	..	..	..	3
Spina-bifida	..	..	..	..	..	..	..	5
Kidney conditions	..	..	..	..	..	..	..	15
Tumours	..	..	..	..	..	..	..	3
Primary tuberculosis	..	..	..	..	..	..	..	2
Rheumatoid arthritis	..	..	..	..	..	..	..	5
Skin conditions (various)	..	..	..	..	..	..	..	3
Leukaemia	..	..	..	..	..	..	..	7
Delicate	..	..	..	..	..	..	..	9
Partially sighted	..	..	..	..	..	..	..	1
Partially hearing	..	..	..	..	..	..	..	1
Educationally sub-normal	..	..	..	..	..	..	..	18
Pregnant	..	..	..	..	..	..	..	18
Other congenital conditions	..	..	..	..	..	..	..	7
Other conditions	..	..	..	..	..	..	..	20
Total	..	..	..	..	..	..	..	267

CHILD GUIDANCE SERVICE

Mr. W. J. Bannon, Senior Educational Psychologist reports:-

“The year marked the retirement of two key members of staff, Dr. J. A. Crawford, psychiatrist and Miss D. Hosking, psychiatric social worker, whose work for sixteen and twenty-five years respectively had done much to lay the solid foundations of the Service in the post-war years of expansion. Miss Hosking’s untimely death within a few months of retirement was a great personal tragedy for those of us who knew how much devotion and energy she had expended in her work for the children and parents of the City.

Though staffing problems continued to give concern, a number of developments were inaugurated which it is hoped, in the long term, will serve to strengthen the Service. A Working Party of members of Education, Public Health and Children’s Committees met and recommended the establishment of a unified Psychological Service to serve all departments of the City Council. The integration of hitherto independent but overlapping services can only be in the best interests of the children concerned. The attraction of a much wider field of experience and the possibility of a career structure within the enlarged

service may aid recruitment and retention of psychological staff. The introduction, at the same time, of the policy of seconding serving psychology graduate teachers for professional training has revealed a source of supply of future psychologists and the error underlying the controversial recommendation of the Summerfield Report. Nine such teachers in the City are interested in undertaking professional training but lack of facilities for this at the University Centres creates a bottle-neck. Four city teachers, however, have been able to obtain training places.

The establishment of the post of Principal Social Worker to co-ordinate the work of social workers at the four clinics, to help younger and less experienced members of the staff and to assume responsibilities in the training of social work students from University courses, provides a sound foundation on which this department can develop.

An important aspect of the work in the Remedial Teaching section of the Service was participation in the development of an early screening procedure for use in infant schools. The preliminary try out of the short test was completed on six hundred children and an analysis made of the results. We now have available an instrument which should provide a fairly reliable indicator at the six to seven year level of children presenting a variety of educational, psychological and neurological problems which will require some form of special help as they progress through primary school. Together with the information accumulated by their infant teachers, it is hoped that the test findings will provide a guide to teachers in junior schools on the needs of these children and on the probable causes of their failure to make progress, thus providing a basis for the development of special educational provision in primary schools.

Statistics 1970

On waiting list at 31.12.69	..	..	..	..	..	..	..	183
Cases referred during 1970	..	..	..	..	..	..	..	1,072
								—
								1,255
								—
<i>Sources of Referral:</i>								
Parents	..	..	..	..	..	..	..	134
School Medical Officers	..	..	..	..	..	..	..	195
General Practitioners	..	..	..	..	..	..	..	63
Hospitals etc.	..	..	..	..	..	..	..	7
Head Teachers	..	..	..	..	..	..	..	444
Probation Officers	..	..	..	..	..	..	..	14
Other agencies	..	..	..	..	..	..	..	215
								—
								1,072
								—

Reasons for Referral:

Behaviour problems	..	..	..	..	..	..	..	562
Nervous symptoms	..	..	..	..	..	..	..	99
Habit disorders	..	..	..	..	..	..	..	38
Educational problems	263
Multiple problems	110
								<hr/> 1,072 <hr/>

Seen

New cases treated	900
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Not seen

Failed to attend	197
On waiting list at 31.12.70	158
								<hr/> 355 <hr/>

Cases closed during the year

After diagnosis and advice	..	..	..	..	..	..	..	250
Improved	..	..	..	..	..	..	..	390
Placed away from home..	..	..	..	..	..	..	..	24
Did not materialise	..	..	..	..	..	..	..	197
Other reasons	..	..	..	..	..	..	..	313
								<hr/> 1,174 <hr/>

SPECIAL EDUCATIONAL TREATMENT ASSESSMENTS

Primary and Secondary Schools (344)

Partially hearing pupils	..	..	..	..	..	..	..	25
Assessed as E.S.N. (54%)	..	..	..	..	..	..	..	173
Not E.S.N. (46%)	..	..	..	..	..	..	..	146

Special Schools and Special Schools Clinic (236)

Children unsuitable for Education at Schools Section 57(4) of the 1944 Education Act	..	..	..	..	..	..	..	10
Tests of Partially Hearing Children	..	..	..	..	..	..	..	2
Tests of Partially Sighted Children	..	..	..	..	..	..	..	0
Tests in Special Schools and Special School Clinic other than above								224
								<hr/> 580 <hr/>

Remedial Teaching Service

No. of Primary and Secondary Schools which have received the Service during 1970	44"
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SECTION 6 — SCHOOL BUILDINGS AND SCHOOL MEALS

SCHOOL BUILDINGS

The construction of new schools and other educational buildings in accordance with the Education Committee's Building Programme has continued and during the year four new primary schools were completed.

At the 31st December, 1970 there were a further 14 new primary schools, two new comprehensive schools and four major extensions to schools under construction.

During the year alterations, extensions and improvements providing accommodation were completed at 24 schools and colleges. Most of these projects were at primary and secondary schools. This number included special purpose classrooms for partially hearing children at Bellfield Junior and Hawthorn Primary Schools, and the provision of additional residential places at Wood End E.S.N. Hostel.

SCHOOL MEALS SERVICE

DINNERS SUPPLIED TO CHILDREN JANUARY-DECEMBER, 1970

					<i>Free</i>	<i>Paid</i>	<i>Total</i>
Nursery	..	..	..	..	20,256	161,357	181,613
Primary	..	..	..	..	1,836,447	9,281,752	11,118,199
Secondary Modern	..	..	..	..	527,733	1,941,315	2,469,048
Comprehensive and Bi-lateral	..	..	..	..	225,102	1,288,624	1,513,726
Grammar and Technical	..	..	..	..	83,185	1,794,521	1,877,706
Special	..	..	..	..	60,244	284,319	344,563
					<hr/> 2,752,967	<hr/> 14,751,888	<hr/> 17,504,855

DAILY NUMBER OF CHILDREN HAVING DINNERS 1970

								<i>Secondary</i>	<i>Primary</i>
January	..	..	..	..	..	..	..	37,115	65,324
February	..	..	..	..	..	..	..	35,435	64,257
March	..	..	..	..	..	..	..	34,081	66,645
April	..	..	..	..	..	..	..	30,531	64,133
May	..	..	..	..	..	..	..	28,999	64,816
June	..	..	..	..	..	..	..	26,065	63,062
July	..	..	..	..	..	..	..	25,239	62,775
August	..	..	..	..	..	..	..	—	—
September	..	..	..	..	..	..	..	37,765	61,463
October	..	..	..	..	..	..	..	36,574	63,620
November	..	..	..	..	..	..	..	35,414	62,602
December	..	..	..	..	..	..	..	34,144	61,255

Daily number of meals served on a given day during holidays compared to the number served on a day during term.

				<i>In term</i>	<i>In holiday</i>	
Easter	..	..	..	102,653	575	56%
Spring	..	..	..	93,560	587	62%
August	..	..	..	89,896	450	50%
Christmas	..	..	..	98,045	286	29%

Number of children eligible for free meals December, 1970	..	..	..	18,306
Number of children taking dinners on a given day September, 1970				101,940

NUMBER OF MEALS

<i>Paid</i>	<i>Free</i>	<i>Total</i>	<i>% of all children</i>
85,844	16,096	101,940	59.44%

MILK IN SCHOOLS SCHEME (Primary Schools only)

Number of children taking milk as per Department of Education and Science on a given day in September, 1970—98,793—89.56%.

SECTION 7—ADULT EXAMINATION

Examination of Teachers and Entrants to Colleges of Education

School medical officers have examined the candidates for admission to colleges of education and intending teachers, other than those who were examined on the completion of the approved course of training before entering the teaching profession.

5 medical examinations were carried out for other authorities whilst 9 intending teachers for Birmingham were examined in their own areas so that unnecessary travelling might be avoided. During the year 9 candidates were referred either for a specialist opinion and recommendation or for a report from the general practitioner. Before a candidate was referred to a specialist a discussion was held with the practitioner.

The following table shows the number of candidates examined:

	1967	1968	1969	1970
College of Education Students	838	993	1,167	1,334
Intending Teachers	602	328	333	160
College of Art Students ..	17	44	35	62
	————	————	————	————
	1,457	1,365	1,535	1,556
	————	————	————	————

Examination of Manual and Non-manual Staff

The number of Manual and Non-manual Staff (excluding Teachers) examined during the year was:- 1,534

SECTION 8 — MISCELLANEOUS

COUNTRY STUDY CENTRES AND OGWEN COTTAGE OUTDOOR PURSUITS CENTRE

Bell Heath, Bockleton and Stansfeld Country Study Centres

1970-1971 has been a most successful year for all three Country Study Centres; more visits were made to the Centres during the twelve months ending 31st March, 1971 than in any previous year. The number of parties visiting each Centre and the number of pupils who attended is given below:

			<i>Bell Heath</i>	<i>Stansfeld</i>	<i>Bockleton</i>
Number of Parties	..	..	22	22	35
Number of Pupils	..	..	607	564	937

Before a party visits any of the Country Study Centres each child is medically examined by a nurse from the School Health Service. Particular attention is paid to the child's health and to ensure that there is no infection present. Varied and satisfying meals, which are approved by the School Health Service, are provided by the Matron at each of the Centres. Each Centre is visited annually by the local Fire Precautions Officer who advises on further fire precautions, if necessary.

Bell Heath Country Study Centre consists of a number of wooden buildings with all essential amenities and can cater for forty boys at any one time. The boys enjoy an open-air life and many are from the Inner Ring area who have had little or no opportunity of visiting the countryside and breathing fresh air.

Apart from the normal courses held during the year children from three primary schools had the opportunity of staying at Bell Heath. The parties were mixed and these experiments were considered highly successful.

Bockleton Country Study Centre The staff at this Centre have had a particularly busy year. Many schools were disappointed in not having the opportunity of visiting the Centre during the year and it is becoming increasingly difficult to give schools longer periods of stay which they require. Pupils taking history and geography are well catered for by visiting the surrounding districts and various studies in biology can be undertaken in the well wooded grounds.

In addition to the normal school courses Bockleton was again used as a holiday centre for two weeks during August. The W.R.V.S. organized two parties of deprived children from the Midlands to visit and stay at the Centre. These visits have become an annual event and the holidays which they provide for underprivileged children are much appreciated.

Stansfeld Country Study Centre This is a modern building with accommodation and all essential amenities on the ground floor. The Centre caters for mixed parties of thirty-six and the pupils sleep in large airy dormitories. It is a popular centre and many schools have sent more than one party to Stansfeld during the year. There are many places of interest the pupils can visit during their stay of seven or ten days including Bladon, Woodstock and Blenheim Palace which are within an hour's journey from Stansfeld.

Stansfeld again welcomed a party of students from Germany in August. Pupils from Birmingham Grammar Schools acted as hosts. These parties have now become mixed ones, and it is pleasant to be able to include a wider range of schools.

There were one or two minor accidents to pupils during their stay at the Centres. The children concerned were treated by the matron and where necessary received medical attention.

Two cases at Bell Heath required hospitalization; one boy having broken his wrist and another spraining his ankle.

Ogwen Cottage Outdoor Pursuits Centre, North Wales

During 1970-1971 a series of eleven day courses, were organized at Ogwen Cottage, and 474 pupils attended. The courses held aimed at developing the pupils' initiative, self-confidence and sense of responsibility. These courses are strenuous and all pupils are required to have a thorough medical examination by a doctor in the School Health Service to ensure that they are in good health and physically fit. 1970-1971 has not however been without incidents, some more serious than others. In addition to the usual cases of sore throats, blisters, and minor ailments and injuries which were medically treated by the Matron, there have been seven more serious cases including falls, blackouts, suspected scarlet fever, temporary paralysis and an old wound opening up. All children concerned received the professional attention either from the local doctor or at Bangor Hospital.

CHILDREN IN PART-TIME EMPLOYMENT

This year 24 children were examined in connection with theatrical licenses and all were found to be fit.

There were 2,486 children examined in connection with their part-time employment delivering newspapers, milk, groceries, or in hairdressers; of these 12 were found unfit to be so employed.

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